



Salary Packaging Reimbursement Claim Form

Name:..... Payroll Number.....
Phone Number:.....

Please complete all sections Below

Reimbursement Methods: (please circle below)

- Option 1 – Payment of my claim to be made in full
Where sufficient funds are not available the claim will be held until further payments are received
- Option 2 – Establish a regular reimbursement payment to my nominated bank account until the claim has been paid in full
- Option 3 – I have attached receipts to the value of \$9095 or \$16050

Establish a regular reimbursement payment to my nominated bank account until the claim has been paid in full

Salary Packaging Expenses Incurred:

(you must include details of every Tax invoice attached)

Reimbursement Description	Amount
1-	\$.....
2-	\$.....
3-	\$.....
4-	\$.....

Nominated Bank Account for Reimbursement:

Account Name:
BSB:
Account number:.....

Declaration

I hereby authorise Aiim Financial Services to make the above changes to my personal and/or packaging arrangements.

Signature:.....
Date:.....-

Return Forms Via

Aiim Financial Services	Fax No. 02 60561452
PO Box 1026	Phone No. 02 60566900
Wodonga Vic 3690	Email: reception@aiim.com.au