

# Payment / Reimbursement Claim Form

**Note:** Copies of invoices and/or receipts MUST accompany this request to enable payment/ reimbursement to be processed. Payments will only be completed when funds are available in your account. You must also include declaration forms where appropriate.

**My Details:** **PKF ID Number** \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Employer \_\_\_\_\_

Contact Telephone No \_\_\_\_\_

**Payments will be made by electronic funds transfer (EFT) to the account number provided by you.**

**Direct Payments**

Due date	Payment to	GST component	Total amount
<b>TOTAL</b>			

**Reimbursements:**

Receipt date	Description of Reimbursement	GST component	Total amount
<b>TOTAL</b>			

Account below for funds to be direct deposited into:

BSB \_\_\_\_\_ - \_\_\_\_\_ Account No: \_\_\_\_\_

I hereby declare that the attached invoice/s and receipt/s are for expenses incurred privately by myself or by my dependents and are not to be used for any other tax deductible purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send your request to PKF at GPO Box 424, Brisbane QLD 4001 or by fax 1300 30 18 66**