**Reimbursement Claim Form**

Please return to your Case Manager via email after the service has been completed and paid for.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee ID** |  | **Rank** |  |
| **Family Name** |  | **Initials** |  |
| **Contact Phone Nos.** | **Mobile**  | **Work/Home**  |
| **Email address** |  |

**Please indicate the type of reimbursement you are claiming**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pet Relocation Costs** PACMAN 6.1.20 – 6.1.24Are the pets owned for economic/business purposes? **Y/N** \_\_\_ | **[ ]**  | **Loss on sale of private motor vehicle in lieu of removal of approved item/s**PACMAN 6.2.2, 6.2.3 | **[ ]**  |
| **Privately Affected Removal**(Prior Case Manager approval is required)PACMAN 6.5.15, 6.5.16 | **[ ]**  | **Loss on sale of furniture and effects, in lieu of removal of approved item/s** PACMAN 6.2.4, 6.2.5 | **[ ]**  |
| **Childcare** PACMAN 6.1.16 – 6.1.19 | **[ ]**  | **OTHER, Please Specify**  | **[ ]**  |

**Technical assistance – reasonable labour costs** PACMAN 6.5.14

|  |  |  |  |
| --- | --- | --- | --- |
| **Audio visual equipment or TV antennae –** dismantle or re-install  | **[ ]**  | **Technician** - technical problems associated with dismantling and installing electrical, mechanical and other appliances. | **[ ]**  |
| **Security alarm system** – dismantle or reinstall | **[ ]**  | **Other – please specify** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **[ ]**  |
| **Air conditioner** - removal of window mounted unit or reinstallation | **[ ]**  |  |  |
|  |  |  |  |

**Total amount claimed**

|  |  |  |  |
| --- | --- | --- | --- |
| $ | Have you attached receipts | Yes **[ ]**  | No **[ ]**  |
|  | Have the services been completed | Yes **[ ]**  | No **[ ]**  |

**Declaration by Member**

|  |  |
| --- | --- |
| **I hereby declare that the information I have provided is true and correct, and the expenses claimed were/will be provided to me as a direct result of the requirement to relocate.****In the event of a change in the circumstances to which reimbursement is being paid I will notify Toll Transitions of these changes as a matter of priority.****Please note, your claim will be assessed and the timeliness of payment will be made in line with associated entitled relocation allowances.****References:** PACMAN Chapter 1, Part 5, Division subsection 1.5.2 PACMAN Chapter 1, Part 5, Division subsection 1.5.3PACMAN Chapter 1, Part 5, Division subsection 1.5.4 | Date: |