**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 – 6.1.24  Are 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 1.5.3  PACMAN Chapter 1, Part 5, Division subsection 1.5.4 | Date: |