



Name: _____

CAR PARKING

Is the Car park owned by the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Provider (if not Employer):	
Amount: \$ p.a.	Amount per payment: \$
Frequency:	
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	
Other.....	
Current Payment Method:	

This benefit is paid on a **Reimbursement Basis**

I have attached copies of tax invoices dated not earlier than twelve months prior to the start date of this package **or**;

I will submit copies of tax invoices with a *Reimbursement Claim Form*.

SUBSTANTIATION REQUIRED

(a) Payroll Deduction (After Tax)
Note: Payroll Deduction MUST be established BEFORE this payment method can be used:
 A copy of a recent pay slip showing the deductions

(b) Reimbursement (applicable for ALL payments)
 - A copy of the receipt attached to a "Reimbursement Claim Form" at time of claim.

Employee's Signature _____

Date ____/____/____



Employee's Signature _____

Date ____/____/____