



Name: \_\_\_\_\_

## UTILITIES

<b>Electricity:</b>	\$ _____
<b>Gas:</b>	\$ _____
<b>Telephone:</b>	\$ _____
<p>This benefit is paid on a <b>Reimbursement Basis</b></p> <p><input type="checkbox"/> I have attached copies of tax invoices dated not earlier than twelve months prior to the start date of this package <b>or</b>;</p> <p><input type="checkbox"/> I will submit copies of tax invoices with a <i>Reimbursement Claim Form</i>.</p>	

*Employee's Signature* \_\_\_\_\_

*Date* \_\_\_\_/\_\_\_\_/\_\_\_\_