Name: _____

CAR PARKING

Is the Car park owned by the Employer?: ☐ Yes ☐ No	
Name of Provider (if not Employer):	
Amount: $ p.a.	Amount per payment: $
Frequency: Weekly ☐ Monthly ☐ Quarterly ☐ 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* _____/_____/_____