

Individualised Funding Agent/Client Reimbursement Authorisation Form

For reimbursing the client/agent

Form to be completed by Client/Agent. Please print information clearly.

This form must be submitted at least one week prior to the first payment submission.

Client Name	
Agent Name	
Address	
Phone Number	
Email	

Bank Account Details																				
Bank Account Name																				
Bank Account Number	<table border="1"> <tr> <td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table>				-					-							-			
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Invoice and Receipt Requirements	
<p>All invoices submitted must comply with Whaikaha - Ministry of Disable People responsibilities which requires the following information:</p> <ul style="list-style-type: none"> • Clients name • Date • Worker or business name • Worker or business address and phone number • GST number, if applicable • Dates and time of service delivery • What service was provided • Cost of the service 	
Submission Process	
<p>Client/agent must submit a completed invoice template one week prior to the first payment submission deadline. To submit a claim, submit copies of invoices/receipts with a complete invoice template to Enliven for processing. Enliven may decline processing an invoice if it does not meet the invoice requirements, or the Whaikaha - Ministry's criteria for disability support services.</p>	
Payment Terms	
<p>Reimbursements are processed fortnightly per Enliven's payment process cycle. Reimbursements may be processed less frequently between late December and mid-late January due to PSN account closure dates for holidays. This will be advised yearly. The client/nominated agent is responsible for informing Enliven of any changes to the above details.</p>	
Client/Agent Signature:	
Date:	

Office Use Box		
	Date	Signature