Pre-employment drug test claim form for drug testing agencies



This form contains information required by Work and Income for a drug testing agency to claim back the cost of a drug test taken by a Work and Income client.

When you've finished completing the form, you need to send it to:

National Claims Processing Unit

Private Bag 3042

Rotorua 3010

Please don't send	a separate company invoice to claim this cost.
TAX INVOICE	Invoice number
Drug testing 1 agency's details	What is the name of your drug testing agency?
2	What is the street address? Number Street name
	Suburb Town/City
3	Is the mailing address different from the street address? No Yes Tell us the mailing address
4	Does your testing agency have a GST number?
	Yes → What is the agency's GST number? No → What is the agency's IRD number?

5	What are the bank account details of the agency?					
	The account is in the name of:					
	The account number is:					
	Bank Branch Account number Suffix					
6	What are the contact person's details for this invoice?					
	Name					
	Work phone number ()					
	Mobile phone number ()					
	Email address					
Drug test deta						
Person's	What is the person's full name?					
details	First and middle names Surname or family name					
2	What date was the person born?					
	•					
	Day Month Year					
	'					
3	What is the person's Work and Income client number (if known)?					
4	What type of test did the person take?					
	Drug screening test Drug evidential test					
5	What date was the test taken?					
	Day Month Year					
6	What was the test result?					
	Fail (non-negative) Go to question 7					
	Pass (negative) Go to question 8					
	Invalid Go to question 8					

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B Has a copy of the test result been given to the client? No Yes Please provide any comments What is the amount you are claiming for the drug test Total including GST GST amount \$ Declaration and signature The drug test was taken in accordance with the standard AS/NZS 4308:2008 – procedures for specimic collection and the detection and quantitation of drugs of abuse in urine. The information I have provided is true and complete. Your name (print) Your signature Date	Cannabinoids Cocaine Amphetamines Opiates Benzodiazepines Methamphetamines Has a copy of the test result been given to the client? No Yes Please provide any comments What is the amount you are claiming for the drug test Total including GST GST amount \$ Declaration and signature The drug test was taken in accordance with the standard AS/NZS 4308:2008 – procedures for specime collection and the detection and quantitation of drugs of abuse in urine. The information I have provided is true and complete. Your name (print) Your signature Date Vour contact details Work phone number () Mobile phone number ()				ailed drug test?
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