

Pre-employment drug test claim form for drug testing agencies



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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 agency's details

1

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 details

Person's details

1

What is the person's full name?

First and middle names

Surname or family name

2

What date was the person born?

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Day Month Year

3

What is the person's Work and Income client number (if known)?

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4

What type of test did the person take?

Drug screening test Drug evidential test

5

What date was the test taken?

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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](#)

7

What class of drug was detected in the person’s failed drug test?

↓ Please tick all that apply

- Cannabinoids Cocaine Amphetamines
- Opiates Benzodiazepines Methamphetamines

8

Has a copy of the test result been given to the client?

- No Yes

9

Please provide any comments

10

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 specimen 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						
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Day	Month	Year						

Your contact details

Work phone number	()
Mobile phone number	()
Email address	