

## NOVATED LEASE EXPENSE CLAIMS FORM

### CONTACT DETAILS : PLEASE PRINT

DRIVER'S NAME:		EMPLOYER:	
PHONE NUMBER:		REGISTRATION:	
EMAIL ADDRESS:			
MAILING ADDRESS:			

Please reimburse Expenses by:  Cheque  EFT - Please provide bank details below

### BANKING DETAILS

BANK NAME:		ACCOUNT NAME:	
BSB NUMBER:		ACCOUNT N <sup>o</sup> :	

Please provide the Tax Invoice(s) with this form. If a Tax Invoice does not show a GST breakdown then your vehicle account will be charged the full amount inclusive of GST. You are entitled to **3** reimbursement claims per year and hence we strongly advise that you accumulate your reimbursement requests and submit them all at once. A **\$20.00** processing fee is applicable for the 4<sup>th</sup> and any subsequent claims submitted in a year. Please allow 30 days to process your Expense Claim.

DATE	DESCRIPTION	TOTAL (Inc. GST)
<b>TOTAL</b>		

I declare that the above expenses were incurred as part of the maintenance and running costs of my vehicle and have been paid for in full. I also confirm that the associated GST input Tax Credit for the above transactions have not been claimed by any entity, including my employer.

SIGNATURE:

DATE:

**Please fax this form to (03) 9510 7373 or mail it to: SupaNova Vehicle Leasing, PO BOX 2230, PRAHRAN, VIC 3181.**

### OFFICE USE ONLY

APPROVED BY:		DATE:	
START DATE:		RECORDED	<input type="checkbox"/> SNL <input type="checkbox"/> WEBLEASE

COMMENT: