

NOVATED LEASE EXPENSE CLAIMS FORM

CONTACT DETAILS

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 NO.

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 4th and any subsequent claims submitted in a year. Please allow 30 days to process your Expense Claim.

DATE	DESCRIPTION	TOTAL (Inc. GST)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL		<input type="text"/>

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 email to: accounts@supalease.com.au or PO Box 1217, Windsor VIC 3181

OFFICE USE ONLY

APPROVED BY:

DATE:

START DATE:

RECORDED:

SUPALESAE

WEBLEASE

COMMENT: