

Your Details

Name :			
Registration Number :		Current Odometer :	km's
State :		Date of Reading :	
Company / Employer :			

Reimbursement Claim (include the TOTAL claim in each category)

Claim Description :	TOTAL Claim :	Are The Tax Invoices Attached ?	Where the Tax Invoice/ receipt copies are not attached (lost), please complete the following:	
			Paid To / Details:	Date/s :
Fuel :	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Servicing, Repairs, Tyres :	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Detail / Wash :	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance :	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration Inspection:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration :	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CTP :	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Roadside Assistance :	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL	\$	* \$3.30 processing fee is added to the total claim		

- Please Note:**
- 1) **Not all vehicle related expenses can be claimed** e.g.: **car parking, road tolls, drivers licences or fines.**
 - 2) ***Amounts ABOVE \$82.50** (incl GST) – A proof of purchase 'Tax Invoice' is required for ALL separate claims. Tax Invoices must include: Full name of supplier, ABN, the words 'Tax Invoice', GST Amount, Description of goods/service supplied, and Date of Issue.
 - 3) ***Amounts BELOW \$82.50** (incl GST), a proof of purchase is required to support your claim such as cash register dockets or receipts.
 - 4) A scanned copy is sufficient.
- *Subject to current ATO requirements

Please Complete The Following Declaration.

I (name) _____ hereby declare that the above expense details are true and correct and was / were provided to me by, or on behalf of, my employer for the purposes so identified above.

Claimants Signature : _____ Date : _____

Banking Details

Name of Account :			
BSB :	-	Account Number :	
Financial Institution:		Branch :	
Remittance email :	<input type="checkbox"/> on file / Alternative email :		

Forward this claim via:

email (PDF/Tiff/Jpg)
or
Mail to: Accounts
 Innovated Leasing Australia
 PO Box 6650,
 ROUSE HILL, NSW, 1765.

Checklist:

- Bank Details Provided**
- ALL RECEIPTS / INVOICES attached**
- Make Copy of Claim for your records**

Office Use Only:

- Accounts System Input date: _____
- Client Account Details Input / Checked
- IRIS Input date: _____