

Novated Lease / Salary Package / Reimbursement Claim Form

Name:	Employer:
Reg. No.:	Vehicle Make:

Please reimburse me out of my vehicle salary package for the following vehicle operating costs that I have already paid for:

Description of Vehicle Operating Cost to be reimbursed (eg: Annual Registration Renewal)	Amount	Comments (if any)
	\$	
	\$	
	\$	

- Reimbursement can only be processed when sufficient substantiation is received and
- Sufficient funds available in salary package to cover the full cost of each item.
- Please attach receipt / tax invoice / bank statement as proof of payment to this form and
- fax to 1300 76 45 22 or email to dbye@packedge.com
- Reimbursements will be made to your nominated bank account by EFT, please enter your bank details below.

Name of Account Holder:	
BSB: - (6 digits)	Account No.:

Employee Signature	Date / /
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