

Novated Lease Expense Claim

My Details

Title	First Name	Surname
Email		
Phone		Vehicle Registration
Employer's Name		

Reimbursement Claim

To substantiate this claim, please provide the tax invoices and receipts for all expenses you are including on this claim.

If we don't receive the tax invoices and receipts we can't process the payment.

Date Paid	Expense Type (e.g. Registration Renewal, Service Cost)	Amount Paid
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total to be reimbursed	\$

Deposit the reimbursement to:

You only need to complete this section if you have not received a reimbursement from us in the past or if you have changed your bank account details.

Account Name: _____

BSB:

<input type="text"/>					
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Account Number:

<input type="text"/>								
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Novated Lease Expense Claim *continued*

The Pay to Supplier Claim

To substantiate this claim, please provide the tax invoices for all expenses you are requesting to be paid direct to the supplier.

If we don't receive the tax invoices we can't process the payment.

Type	8i Y Date	Amount Paid
Registration Renewal		\$
Insurance Renewal		\$
Roadside Assistance		\$
Other Expense Type		\$
Total to pay to Supplier(s)		\$

The Declaration

By submitting this form, I declare:

- I have read, understood and accept the Terms and Conditions below;
- I am entitled to payment of these expenses in accordance with my employer's Salary Packaging Policy;
- The expenses I've claimed relate only to the car subject to my novated lease;
- I have not, and will not, claim a separate tax deduction for the expenses included in this claim;
- My reimbursement claim is for expenses paid by me, not my employer or anyone else;
- I have not previously been reimbursed for these expenses by you or anyone else;
- I understand that submission of false or misleading information may lead to tax offences and result in my claim being denied.
- I declare that the notation of my name in the following 'Signature' section is an electronic representation of my signature for all purposes required in this document, just the same as my normal pen-and-paper signature.

Date	Signature
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Send claim to:

Send your completed form with the tax invoices and/or receipts to:

Email to: info@salarypackagingpeople.com.au

Post to: PO Box 669, Geelong VIC 3220

Fax to: 03 5229 9621

Deliver to: 2/396 Latrobe Terrace, Newtown

Once we receive your claim, and supporting documents, we will make the payment. If you don't have enough funds in your account to cover some or all of the claim then we'll make contact with you.

Privacy

To read our privacy policy, please visit www.salarypackagingpeople.com.au/home/privacy-statement/

Terms and Conditions

1. If you have regular payments made, e.g.. lease payment, insurance, these will take precedence over this claim being paid.
2. If you don't fully complete this form, and provide all the supporting documentation, we may return your claim because we can't make the payment.
3. If we suspect that you have made a false claim, we are required to advise your employer who may deny you access to the salary packaging program.

For enquiries, contact us:

The Salary Packaging People

ABN 72 920 644 642

Phone 03 5229 4200

www.salarypackagingpeople.com.au