

Reimbursement Claim Form

Please attach tax invoice(s) and receipts to this form. Payments processed within 10 days.

Minimum amount per reimbursement of \$50.00 (incl. GST)

CUSTOMER DETAILS

| | | | |
|-------------------------|---------------|-------------------------|--|
| Driver's Name: | | Rego No: | |
| Driver's Address: | | Contact Phone No: | |
| Suburb: | P/Code: | Email Address: | |
| Company Name: | | | |

BANK DETAILS

Refund will be made by EFT (Electronic Funds Transfer) to your nominated bank account below.
(First Reimbursement: Please provide copy of bank deposit slip or copy of bank statement)

| | |
|-----------------------------|--------------------------|
| Bank/Branch Name: | Acc. Holders Name: |
| BSB Number (6 digits) | Acc. Number: |

| Date | Description of Expense | Odometer (fuel reimbursements only) | GST Inclusive |
|-----------------|------------------------|-------------------------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total \$ | | | |

| | |
|------------------|-------------|
| Signature: | Date: |
|------------------|-------------|

| | |
|---|---|
| <p>Mail completed form and original Tax Invoices to:</p> <p style="text-align: center;">belnformed Group Pty Ltd t/as beCarWise PO Box 300 Chatswood NSW 2067</p> | <p>Email completed form and Tax Invoices / Receipts</p> <p style="text-align: center;">novated@becarwise.com.au</p> <p style="text-align: center;">or fax completed form to (02) 9475 1425</p> |
|---|---|

Note: REIMBURSEMENT PAYMENT WILL ONLY BE MADE IF:

A TAX INVOICE / RECEIPT is attached that shows the following:

1. description of goods or services supplied
2. the invoice date and the trading name of the supplier
3. the words TAX INVOICE, the ABN and the GST amount
4. the vehicle lease must still be active to be able to claim the reimbursement

OFFICE USE ONLY

| | |
|---------------------|-----------------------|
| Contract No: | Department: |
| Processed By: | Processed Date: |