

Driver's Choice Expense Claim Form

Personal Details				
First Name		Surname		
Address				
Suburb		State		Postcode
Contact Number		Employer		

Vehicle Details	
Registration Number	Vehicle Description

Banking Details (for direct reimbursement)						
Account Name						
BSB					Account Number	

Expense Claim Details	
<input type="checkbox"/>	Please pay directly to the supplier (for example, registration or insurance payment) – attach tax invoice from supplier
<input type="checkbox"/>	Please deposit funds into my nominated account for out of pocket expense(s) – attach paid tax invoice/proof of payment

Date of Purchase	Description	Amount (incl GST)
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

Declaration
I declare that the expense(s) will or have been incurred under my salary packaged arrangement for the vehicle outlined above. I have attached a valid tax invoice/proof of payment to substantiate my claim(s). I understand that the claimed expense(s) cannot be used for other tax deductions.

Signature	Date

Please return your completed form to LeaseMasters with a valid tax invoice/proof of payment		
PO Box 386 Brunswick VIC 3056	Fax: 1300 303 347	Email: invoices@leasemasters.com.au
<ul style="list-style-type: none"> • Payments directly to suppliers will be made by the due date. You will receive notification that payment has been processed. • An EFT reimbursement will be issued and all expenses will be allocated against your budget accordingly. Sufficient funds must be available against your operating budget for the claim(s) to be processed. • EFT payments will be processed on 8th and 22nd of each month. Please allow up to three working days for the payment to show in your account. 		