

Vehicle Expense Claim Form.

IMPORTANT INFORMATION

Did you know, you can submit your reimbursement claims for your Novated Lease on your member portal? Visit our website instead of filling out this form, for an easier and faster claim submission.

Please sign and date this form. Incomplete claim forms will be returned to you. Please allow approximately 3 working days from Paywise's receipt of your claim form for it to be processed. Claim forms received after 4pm WST will be deemed received on the following business day. Please provide copies of invoices or receipts and retain originals for your records.

1. Personal Details

Car Registration:	Surname
First Name	Home Phone
Work Phone:	Mobile Number:
Employer	Email:

2. Claim Details

Odometer reading at the date of claim: KM

Date of Expense	Description of Expense	Receipt Value (incl. GST)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total of Reimbursement:		\$ <input type="text"/>

3. Reimbursement Details

I have previously provided my reimbursement account details to Paywise.

My reimbursement account details are: BSB: Account Number:

I wish to change my reimbursement account details to: BSB: Account Number:

4. Declaration

Please read and sign the declaration below:

I hereby declare that the attached tax invoices/receipts are for eligible salary packaging expenses allowed by my employer. These expenses have not been claimed elsewhere. To substantiate my claim, I have attached the appropriate tax invoices and receipts to this form. I declare that these expenses were provided to me on behalf of my employer and were 100% attributable to my assessable income where applicable. I understand that full payment cannot be made by Paywise if there are insufficient funds in my account at the specified payment date. I understand that Paywise will retain funds needed for the next lease payment and the monthly Paywise arranged insurance premium, before the reimbursement of this claim can be paid to me.

Please enter the TOTAL value of the receipts attached to this claim relating to the benefit above: \$ (including GST)

I have supplied the appropriate tax invoice/s and receipt/s for this claim, please pay/reimburse accordingly.

Signature: <input type="text"/>	Print Name: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
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