



Lease & Asset Finance
 Salary Packaging
 Unit 2, 414 Upper Roma Street
 Brisbane Qld 4000
 A.B.N. 98 077 667 568

Tel: 07-3831 3222
 Fax: 07-3831 3244

Novated Lease Reimbursement Request

Employee Name:	_____
Company:	_____
Address:	_____
Vehicle Registration:	_____
Contact Phone:	_____

Date	Description of Claim	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Update Odometer	Date: ____ / ____ / ____	_____ klm's
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Banking Details	BSB _____	A/C No. _____
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Employee Signature: _____

Please ensure all Original Tax Invoices are attached with your completed form.

Office Use: Approved by: _____ Date: _____