

Insurance Reimbursement Request

(Append Receipts Here)

Reimbursements are for a minimum of **\$55.00** (inc. GST) and will be paid via Electronic Funds Transfer direct to the Lessee. Turnaround time to receive EFT transfer is 10 business days from receipt of request.

To receive an insurance reimbursement, the Lessee must provide:

- A copy of the Insurance Policy or Renewal
- Proof of Payment from Policy Provider*
- Please note this form is to be used for *Insurance Reimbursements* only

Examples of acceptable proof of payment include: payment receipts from your insurer; a printed copy of an online BPay lodgment or a Policy Renewal marked "Paid" by the Insurer. BPay lodgment numbers or Credit Card/EFTPOS slips are not acceptable.

Driver Details

Driver Name*		Vehicle Registration*	
Driver Address*		Contact Number*	
Suburb*		Post Code*	State*
Email Address		Company Name*	

*Compulsory fields to enable reimbursement to be processed.

Expense Details

Date	Supplier / Insurer	GST (Ex) Value	GST Amount	Total Amount
			Total	

Bank Name*		BSB*	
Account Name*		Account Number*	

*Compulsory fields to enable reimbursement to be processed.

Driver Declaration

I declare that these expenses were incurred by me as an agent for Fleet Partners and that I have not claimed the GST input tax credit in respect of these expenses.

Signature		Date	
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*If returning your request via mail, please do not include your original receipts. Please enclose copies and retain the originals for your records.

Return Email

novatedadmin@fleetpartners.com.au

Return Fax

1300 795 138

Return Mailing address:

Novated Admin
 FleetPartners
 GPO Box 4599
 Melbourne VIC 3001

Office Use Only

NL Approval Signature:		Dossier:	
NL Approval Name:		Rego:	
Date:		Supplier Number:	
		Period From / To:	
AP Journal Number:		AP Processed Date:	
Comments			