

Registration 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 a Registration Reimbursement, the Lessee must provide:

Tax Invoice from the Governing State Body issuing the Registration product or service.
 Documentation showing the complete details of the Product or Service paid for (e.g. showing the date registration both commences and completes).

Examples of acceptable proof of payment include: payment receipts from your Governing Body; a printed copy of an online B Pay lodgment or a Policy Renewal marked "Paid" by the Insurer. B Pay 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	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.

How to Return Your Reimbursement

Driver:

Email

novatedadmin@fleetpartners.com.au

Fax

1300 795 138

Mailing address:

Novated Admin
 FleetPartners
 GPO Box 4599
 Melbourne VIC 3001

Broker Driver:

Email

channelreimbursements@fleetpartners.com.au

Fax

1300 735 911

Mailing Address:

Channel Support
 FleetPartners
 GPO Box 4599
 Melbourne VIC 3001

Office Use Only

NL Approval Signature:		Dossier:	
NL Approval Name:		Rego:	
Date:		Supplier Number:	
AP Journal Number:		AP Processed Date:	
Comments			