

Registration Reimbursement Request

ALL FIELDS MANDATORY
PLEASE USE CAPITALS

Driver Details

Name		Registration	
Address		State	
Suburb		Postcode	
Phone			
Email			

Registration Details

Date	State	Amount
Total		

Bank Details

Account Name		BSB	
Bank Name		Account Number	

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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Attached Documents to provide:

- Copy of the Registration Certificate
- Including cost breakdown
- Including CTP costs and policy if claiming
- Proof of Payment

Ways to return Reimbursement Request**Email**

reimbursements@fleetpartners.com.au

*Alternative Methods***Fax**

1300 795 138

Post

FleetPartners GPO
Box 4599
Melbourne
VIC 3000

*If returning your request via post, do not include your original documents. Enclose copies and retain the originals for your records.

Reimbursements will be paid via Electronic Funds Transfer direct to the Drivers nominated account.

Reimbursement turnaround time is 10 business days from receipt of request and completed documents.

If you have any queries please contact our Driver Services Team on 1300 882 266