

Reimbursement Claim Form



Company Name	
Date	
Drivers Name	
Address	
Contact Number	
Registration No	
Fax	(For Remittance Advice)

Summit Auto Lease Australia Pty Ltd
 Unit 7, 38-46 South Street
 Rydalmere, NSW
 Australia
 2116
 Phone: 02 9638 7833
 Fax: 02 9638 7811
 www.summitlease.com.au

Fuel - * Please record the Odometre Readings and if purchasing fuel, the number of Litres of each fill. This information is required to give running costs and fuel consumption history of the vehicle.

Date	* Odometer Reading	* Litres Purchased	Description of Expense	Amount	Order No. Office Use Only
Total					

Other - * Please be sure to provide proof of payment for general claims as well as an invoice with GST break up to assist us in reimbursing you promptly.

Date	* Odometer Reading	Description of Expense	Amount	Order No. Office Use Only
Total				

Bank Payment Details:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(BSB - 6 numbers)

<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"/>
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(Account Number)

Name on Account

(Confirmation of payment will be by fax remittance advice to the number provided above)

Drivers Signature

Please attach all original receipts and forward to the above address marked to the attention of the **'Novated Department'**

