Motor Vehicle Expense Claim

PLEASE COMPLETE THIS FORM AND RETURN TO EASISALARY

Email: info@easisalary.com.au

Pers	onal Detai	(If Other Please Specify)							
Title	Mr	Mrs	Miss	Ms	Dr	Other			
First Name					Family Name				
Payroll ID				Employer Name			Total Value	•	

Declaration

- I declare I have incurred motor vehicle expenses to the total value shown here.
- · I declare that these expenses have not been claimed or reimbursed previously through Salary Packaging.
- The total value shown is documented in the tax invoices and receipts attached. I have provided itemised receipts, written or printed in English.
- I understand I will be liable for any Fringe Benefits Tax incurred as a result of providing incorrect information to easisalary.

Signature			Date	
Reimbursemen	t Details			
Registration Number				
Item (e.g. Tyres x 4)		First Payment Due	Date Amount	
			\$	
			\$	
			\$	
			\$	
Payment Instru	uctions			
Please Reimburse:	Once-off Payment	Over the next fortnight/pay cycle (as gross salary allows)	Withhold balance from novated lease agreement	

Submit

Bank Account Name

Please return form by email info@easisalary.com.au

Disclaimer: Whenever you are making decisions that affect your income and financial affairs, you should consider seeking independent financial advice. This form remains the property of easisalary Salary Packaging at all times.



Account Number