

Expense Reimbursement Form

Fuel, registration and insurance

Personal details		
Name	Vehicle registration number	
<input type="text"/>	<input type="text"/>	
Company	Please indicate claim type	
<input type="text"/>	Fuel	Registration Insurance

Fuel purchase information	
Odometer reading at time of fuel purchase	Date fuel card received
<input type="text"/>	<input type="text"/>
Total claim amount (please attach valid tax invoice/ receipts to this claim)	
<input type="text"/>	

Bank account details for electronic funds transfer	
BSB	Account number
<input type="text"/>	<input type="text"/>
Bank	Branch
<input type="text"/>	<input type="text"/>
Full name(s) of account holder(s)	
<input type="text"/>	

Reason for reimbursement
<input type="text"/>

Declaration	
I declare that the attached invoices and receipts are valid records of personal expenses incurred by me against the nominated lease vehicle.	
Full name	Email
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>

Please forward valid tax invoices / receipts* with this completed form to reimbursements@sgfleet.com.

Please retain a copy of your receipt(s). Visit the Driver Support page on our website www.sgfleet.com to download additional forms.

A valid Tax invoice / receipt must contain the following details:

The words "Tax invoice", supplier's name, supplier's ABN number, type and quantity of product purchased, date of issue, GST component and total amount including GST.

*Failure to produce a valid Tax Invoice / Receipt may lead to rejection of this claim.