Vehicle Expense Claim Form

Please complete this form and return to easisalary

Email: **info@easisalary.com.au** | Post: **484 Albany Highway, Victoria Park WA 6100**

IMPORTANT INFORMATION

Please sign and date this form. Incomplete claim forms will be returned to you. Please allow approximately 3 working days from easisalary's receipt of your claim form for it to be processed. Claim forms received after 4pm WST will be deemed received on the following business day. Please provide copies of invoices or receipts and retain originals for your records.

Personal Details

Car Registration	Surname
First Name	Home Phone
Work Phone	Mobile Number
Employer	Email

Claim Details

Odometer reading at the date of claim KMs

Date of Expense	Description of Expense	Receipt Value (Including GST)
		$
		$
		$
		$
		$
	TOTAL OF REIMBURSEMENT	$

Reimbursement Details

☐ I have previously provided my reimbursement account details to easisalary

☐ My reimbursement account details are shown BSB Account Number

☐ I wish to change my reimbursement account to BSB Account Number

Declaration Please read and sign the declaration below

I hereby declare that the attached tax invoices/receipts are for eligible salary packaging expenses allowed by my employer. These expenses have not been claimed elsewhere. To substantiate my claim, I have attached the appropriate tax invoices and receipts to this form. I declare that these expenses were provided to me on behalf of my employer and were 100 per cent attributable to my assessable income where applicable. I understand that full payment cannot be made by easisalary if there are insufficient funds in my account at the specified payment date.

Please enter the total value of the receipts attached to this claim relating to the benefit above $ *(Including GST)*

☐ I have supplied the appropriate tax invoice/s and receipt/s for this claim, please pay/reimburse accordingly.

Signature | Name Printed | Date: / /