



Fleet Management Vehicle Expenses Reimbursement/Payment Claim Form

Name: _____ Rego: _____
 Phone: _____ Email: _____
 Employer: _____

CTP, Registration and Insurance - Please fill in the details and choose one option

CTP Insurance (NSW only)	\$	Pay supplier direct	<input type="checkbox"/>	Reimburse me	<input type="checkbox"/>
Registration	\$	Pay supplier direct	<input type="checkbox"/>	Reimburse me	<input type="checkbox"/>
Comprehensive Insurance	\$	Pay supplier direct	<input type="checkbox"/>	Reimburse me	<input type="checkbox"/>

Refer overleaf for renewal of registration requirements. Please fax a **COPY** of your registration/insurance forms when requesting a direct payment/reimbursement. **DO NOT SEND ORIGINAL INVOICES**

Fuel and other running expenses

Fuel	\$			Reimburse me	<input type="checkbox"/>
Maintenance	\$	Pay supplier direct	<input type="checkbox"/>	Reimburse me	<input type="checkbox"/>
Other Vehicle Expenses	\$	Pay supplier direct	<input type="checkbox"/>	Reimburse me	<input type="checkbox"/>
Auto Club Membership	\$	Pay supplier direct	<input type="checkbox"/>	Reimburse me	<input type="checkbox"/>

Payment of Reimbursed Expenses

Automotive Lease Packaging will pay your reimbursement to your nominated account below. If you have sent your details to us before and they have not changed, you do not need to supply them here. We are unable to reimburse expenses to credit card accounts

Account Name: _____ BSB: _____ Account Number: _____

If you do not supply us with your bank account details we will not be able to reimburse you.

Important Information:

It is your responsibility that your vehicle is registered and comprehensively insured at all times. Please allow 10 working days if you wish your registration or comprehensive insurance to be paid by Automotive Lease Packaging.



Automotive Lease Packaging

Moorabbin LPO, PO BOX 2255 Moorabbin VIC 3189

Phone: 1300 309 343

Fax: 1300 275 253

Email: alm@1alp.com.au

Web: www.1alp.com.au

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Terms & Conditions – Salary Packaging Reimbursements/Payments

Please read these terms and conditions before completing and submitting a Vehicle Expenses Reimbursement/Payment Claim Form to Automotive Lease Packaging Pty Ltd.

1. Payments will be made subject to sufficient funds sitting in your fleet management account.
2. For each salary packaging expense included on your claim you must
 - a. Provide a payment description, date of payment and the payment amount (incl. GST) in the form of Tax Invoice (and a receipt if claiming a reimbursement)
3. Claims will be reimbursed by way of Electronic Fund Transfer (EFT) to your nominated bank account. If you wish to change your bank account details, please provide Automotive Lease Packaging with your new bank account details.
4. Where you have regular payments made from your salary packaging for benefits such as lease payments then these payments will take precedence in relation to the reimbursement of claims.
5. If you do not fully complete the Vehicle Expenses Reimbursement/Payment Claim Form, including providing appropriate substantiation then Automotive Lease Packaging may return your claim to you without payment.
6. If you make a false claim for reimbursement the matter will be referred to your employer and you may be denied further access to salary packaging.
7. Automotive Lease Packaging will make payment to your nominated bank account within 10 business days of receipt of a claim form, subject to available funds.

Note that your bank may take up to a further four business days to enable you to access these funds from your account.

8. If you require any further information please contact Automotive Lease Packaging on 1300 309 343 or visit www.1alp.com.au
9. These terms and conditions may be updated by Automotive Lease Packaging at anytime and are available on our website or by contacting us directly.

Declaration

I declare that the expense(s) listed above totaling \$ _____ dollars were incurred by me for this vehicle and that GST Input Tax Credit has not been claimed by an entity, including my employer. I authorise Automotive Lease Packaging to contact any provider to verify any information to process this claim and confirm this vehicle was fleet managed by Automotive lease Packaging when these goods and/or services were provided.

Signature: _____ Date: ____ / ____ / ____