



Expense Reimbursement Form For Fuel, Registration and Insurance

Name:	Vehicle Rego No:	
Company:		
Please indicate claim type:		
<input type="checkbox"/> Fuel	<input type="checkbox"/> Registration	<input type="checkbox"/> Insurance

Fuel Purchase Information

Odometer Reading at time of fuel Purchase:
Date fuel Card Received:
Total claim amount: Please attach valid tax invoice/receipts* to this claim

Bank Account Details for Electronic Funds Transfer

BSB:	Account Number:
Bank:	Branch:
Full Name(s) of account holder(s):	

Reason for Reimbursement

Declaration

I declare that the attached invoices & receipts are valid records of personal expenses incurred by me against the nominated lease vehicle.	
Signature:	Date:
Full Name:	Email

Please forward valid **tax invoices / receipts*** with this completed form to:

⇒ Email to reimbursements@sgfleet.com

Please retain a copy of your receipt(s). Additional Expense Reimbursement forms can be downloaded from our website:
www.sgfleet.com

A valid Tax Invoice / Receipt must contain the following details:

*The words "Tax Invoice", Suppliers Name, Suppliers 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.