

Expense reimbursement form

Fuel, registration and insurance

Personal details

Name

Vehicle registration number

Company

Please indicate claim type

Fuel

Registration

Insurance

EV KW

Phone number

Please provide your preferred contact phone number for bank account verification, as some reimbursements cannot be processed until phone verification is complete.

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 and receipts are valid records of personal expenses incurred by me against the nominated lease vehicle.

Employee signature

Name

Date

Email

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.**

