



Reimbursement Request

To: Custom Fleet
Vehicle Salary Packaging Dept

Fax: 02 8899 5454
02 8899 5453

From:

Date:

No of Pages:

Employee Ph No:

Employee Email:

Company:

Company Fax No:

Driver's Name:

Registration Number:

Custom Fleet will raise a cheque payable to you to cover an expense already paid.

This request covers the following expense/s:

| | |
|-------------------------|----|
| Comprehensive Insurance | \$ |
| Auto Club Membership | \$ |
| Registration Renewal | \$ |
| CTP (NSW only) | \$ |
| Fuel | \$ |
| Accident Excess | \$ |
| Other (Please specify) | \$ |

1- Tax invoices detailing a GST component need must be attached to substantiate your request

2- Claims not including a Tax Invoice showing the GST component will be returned

Cheque Details:

(This request will be processed within 3 business days of Custom Fleet receiving the properly completed form and accompanying documentation. If you have not received your reimbursement within 10 business days please contact us on 1800 811 922)

In the Name of:

Posted to:
(this should be your home address)