

Novated expense reimbursement claim form

My details

| | | |
|---------------------------|-------------|-----------------------|
| Title: | First name: | Last name: |
| Email: | | Phone: |
| Employer name: | | Vehicle registration: |
| Current odometer reading: | | |

Reimbursement claim

To substantiate this claim, please provide the tax invoices and receipts for all expenses you are including on this claim.
If we don't receive the tax invoices and receipts we can't process the payment.

| Date paid | Expense Type (e.g. Registration, Renewal, Service) | Amount Paid |
|-----------|---|-------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | Total to be reimbursed | \$ |

Deposit the reimbursement to:

You only need to complete this section if you have not received a reimbursement from us or if you have changed your bank account details.

| | |
|-----|-----------------|
| EFT | Account name: |
| | BSB number: |
| | Account number: |

After completing this form please send it to our friendly novated leasing team at novated@cbb.com.au.

For more information you can call us on 03 5229 4200
or visit our website at cbb.com.au.



The
Salary Packaging
People

Novated expense reimbursement claim form

(continued)

By submitting this form, I declare:

- I have read, understand and accept the Terms and Conditions below.
- I am entitled to payment of these expenses in accordance with my employer's Salary Packaging Policy.
- The expenses I've claimed relate only to the car subject to my novated lease.
- I have not, and will not, claim a separate tax deduction for the expenses included in this claim.
- My reimbursement claim is for expenses paid by me, not my employer or anyone else.
- I have not previously been reimbursed for these expenses by you or anyone else.
- I understand that submission of false or misleading information may lead to tax offenses and result in my claim being denied.
- I declare that the notation of my name in the following 'Signature' section is an electronic representation of my signature for all purposes required in this document, just the same as my normal pen-and-paper signature.

Signature:

Date:

/ /

Privacy

To read our privacy policy, please visit cbb.com.au/privacy-policy/

Terms and Conditions

1. If you have regular payments made, e.g. lease payment, insurance, these will take precedence over this claim being paid.
2. If you don't fully complete this form, and provide all the supporting documentation, we may return your claim because we can't make the payment.
3. If we suspect that you have made a false claim, we are required to advise your employer who may deny you access to the salary packaging program.

After completing this form please send it to our friendly novated leasing team at novated@cbb.com.au.

For more information you can call us on 03 5229 4200 or visit our website at cbb.com.au.



The
Salary Packaging
People