



Expense Reimbursement Claim Form

Date: _____

Please allow up to five (5) business days for your claim to be processed and paid.

Important information to be noted:

- This form should be completed electronically and emailed by pressing the "Submit" button at the bottom of the form.
- A tax invoice or tax receipt should be scanned and attached with this form when emailing the form back to Enlist. If you cannot scan and/or email the documents then you can fax them to Enlist at 03 9860 0699.
- Enlist reserves the right not to process and refund expense claims without accompanying tax invoices or tax receipts. Failure to provide a tax invoice or tax receipt prohibit Enlist from claiming GST credits and therefore the GST inclusive amount will be charged to your Salary Package Account.
- Processing fee (\$15 + GST) is not applicable subject to the following conditions:
 - One (1) free reimbursement claim each quarter year period commencing January, April, July and October (i.e. up to 4 free reimbursement claims permitted each FBT year); and/or
 - Maximum of five (5) receipts and/or invoices included with any single reimbursement claim. The fee will be charged for each five receipts and/or invoices to be vetted thereafter.
- Enlist will not be liable or responsible for funds paid into wrong bank accounts as a result of you providing incorrect bank account details.

Name: _____
 Phone Number: _____
 Vehicle Make & Model: _____

Employer: _____
 Email: _____
 Registration: _____

Payment Instructions:

Please nominate the preferred bank account you wish to receive your reimbursement claim.

Banking Institution: _____
 BSB No: _____

Bank A/c Name: _____
 Account No: _____

I declare that the expenses below were incurred by me or another driver nominated by me in relation to the stated vehicle.

Expense Categories	Total Amount (incl GST)	GST	Net Amount (Excl GST)	Date
Fuel / Lubricants	\$ _____	\$ _____	\$ _____	_____
Repairs / Maintenance	\$ _____	\$ _____	\$ _____	_____
Tyres	\$ _____	\$ _____	\$ _____	_____
Comprehensive Insurance	\$ _____	\$ _____	\$ _____	_____
Registration / CTP	\$ _____	\$ _____	\$ _____	_____
Roadside Membership	\$ _____	\$ _____	\$ _____	_____
Other*	\$ _____	\$ _____	\$ _____	_____
Total	\$ _____	\$ _____	\$ _____	_____

*Please specify details: _____

✗ _____
 Print Name

✗ _____
 Signature