



Expense Claim

Name

Employer

Vehicle Rego _____ Date Submitted _____ / _____ / _____

Expense Details

| | | |
|-------------|--------|----|
| Description | Amount | \$ |
|-------------|--------|----|

| | | |
|-------------|--------|----|
| Description | Amount | \$ |
|-------------|--------|----|

| | | |
|-------------|--------|----|
| Description | Amount | \$ |
|-------------|--------|----|

| | |
|-------|----|
| TOTAL | \$ |
|-------|----|

Expense Payment Options (please select one only)

- Pay supplier directly using details provided on attached invoice.
- Reimburse funds to me using bank account details previously provided to leaseLab.
- Reimburse funds to me using bank account stated below.

Account Name

Account Number

BSB

Bank

Notes

NOTE: Copies of invoice(s) must be submitted with this form.

Invoices are required for expense verification and tax purposes.

Once completed, email this form along with accompanying invoice(s) to clients@leaseLab.com.au

Your expense claim will be processed if your vehicle account has sufficient credit and we do not detect any other issues. In the event that we are unable to process the disbursement for any reason, we will contact you to discuss.

