## LEASELAB

## **Expense Claim Form**

Name	
Employer	
Vehicle Rego Date Submit	ted
Expense Details	
Description	\$
Description	\$
Description	\$
	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 Bank/Branch	
BSB Account No.	
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 <u>clients@leaselab.com.au</u> .	
Alternatively, you can submit your expense claims via the online portal at <u>clients.leaselab.com.au</u> . Your expense claim will be processed if your vehicle account has sufficient credit and no other issues are detected. If we are unable to process the disbursement for any reason, we will contact you to discuss	



Novater Pty Ltd t/as Leaselab ABN: 56 638 548 160