

Vehicle Expense Payment Request/Claim

If you have any enquiries or questions, please call 1300 888 870, email novated@toyota.com.au or post to Locked Box 980 Milsons Point NSW 1565.



CUSTOMER DETAILS

Name <input type="text"/>	Daytime contact phone number <input type="text"/>		
Toyota Fleet Management contract no. <input type="text"/>	Email address <input type="text"/>		
Vehicle registration no. <input type="text"/>	Address <input type="text"/>		
	State <input type="text"/>	Postcode <input type="text"/>	

REQUEST DETAILS – Tick one of the following:

Payment of Registration / Insurance – please complete the section below.

Reimbursement – please complete the section below.

PAYMENT OF REGISTRATION / INSURANCE REQUEST

Complete this section if you require Toyota Fleet Management to renew motor vehicle registration or insurance on your behalf.

Please ensure that you send the registration renewal advice(s) to Toyota Fleet Management for processing at least **14 days** prior to the expiry of your registration or insurance. This will ensure that the paperwork will be completed prior to expiry.

Requests received within 14 days of the date for payment will be declined and you will need to pay for these and seek reimbursement.

Where registration papers indicate "Inspection Required", a Safety Inspection Report (Pink Slip) must also be provided to allow registration renewal.

IMPORTANT NOTE: It is your responsibility to ensure that the vehicle is fully registered and insured at all times.

Registration Amount

\$

Motor Vehicle Insurance

Name of insurance provider	Amount
<input type="text"/>	\$ <input type="text"/>

CTP Insurance (NSW Only)

Name of insurance provider	Amount
<input type="text"/>	\$ <input type="text"/>

REIMBURSEMENT REQUEST

Complete this section to arrange for reimbursement of the expenses incurred in respect of the above vehicle.

Tick (✓) the item(s) you are requesting reimbursement for and attach a copy of the invoice/payment receipt to this form. *Reimbursement claims can take up to 10 working days to process.*

Item	Amount
<input type="checkbox"/> Fuel purchase *	\$ <input type="text"/>
<input type="checkbox"/> Maintenance *	\$ <input type="text"/>
<input type="checkbox"/> Registration	\$ <input type="text"/>
<input type="checkbox"/> CTP insurance (NSW Only)	\$ <input type="text"/>
<input type="checkbox"/> Comprehensive insurance	\$ <input type="text"/>
<input type="checkbox"/> Tyres *	\$ <input type="text"/>
<input type="checkbox"/> Other * (please specify) <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>

** Please note that a reimbursement fee of \$75 may apply in the event of excessive requests for reimbursement of these items. Where regular reimbursement of these items is required, requests should be limited to 4 times per year (quarterly).*

Your reimbursement will be paid to the bank account specified below.

Account Name <input type="text"/>	
Bank Name <input type="text"/>	
BSB Number <input type="text"/>	Account Number <input type="text"/>

AUTHORISATION

Signature of Applicant

Date

Please forward the completed form and a copy of the relevant paperwork to:

Toyota Fleet Management
Novated Leasing Centre
Email: novated@toyota.com.au
Fax: (02) 9430 0918
Mail: Locked Bag 980 Milsons Point NSW 1565