



Salary Packaging Termination Form

FBT Year 1 April _____ to 31 March _____

Employer	Termination Date _____ / _____ / _____
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Employee details	
Payroll Number	Title
First Name	Surname
Payroll Number	

Contact Details	
Phone (Work)	Phone (Home)
Mobile	Fax
Email (Work)	Email (Home)

Residential Address	
Street Address	Suburb or Town
State	Post Code

Motor Vehicle Declaration	
Rego	Contract No
Odometer Reading & Date of reading	Days unavailable for private use

Additional Employee Contribution Declaration - Previously not claimed through your lease
I declare that I have contributed payment to motor vehicle expenses for the above mentioned vehicle. I further declare that payment was not made from pre-tax/gross salary.
The total amount of _____ expenses this FBT Year.
I attach copies of receipts confirming the total amount of contribution made.

Signature	Date _____ / _____ / _____
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Reason for Termination	
<input type="checkbox"/> Lease End	<input type="checkbox"/> Paid out lease early
<input type="checkbox"/> Termination of employment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Involuntary redundancy	

Signature	Date _____ / _____ / _____
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