Car parking expense form

Please complete the highlighted fields and return to Eziway:

admin@eziway.net.au | PO Box 987 Pakenham Vic 3810 | eziway.net.au

Your Details

Title Prof Dr Mr Mx Mrs Ms Miss Other	First Name(s)	Family Name	
Payroll ID	Employer Name	Total Value	Registration Number

Declaration

- I declare I have incurred the expenses to the total value shown above.
- I declare that these expenses have not been claimed or reimbursed previously through Salary Packaging.
- The total value shown is documented in the tax invoices and proof of payment attached. The total value of receipts provided is over the minimum \$250 claim. I have provided itemised receipts, written or printed in English.
- I understand I will be liable for any Fringe Benefits Tax incurred as a result of providing incorrect information to Eziway.
- I understand once I have submitted my claim, all future claims and receipts must be post the previous claim date.

Signature

Date	Signature
/ /	

Car Parking Reimbursement Details

Item	Tax invoice date and issuer	Amount

Payment Instructions

lease reimburse: 🗌 once off payment OR 🗌 over the next		fortnights / pay cycles (as per gross salary allows)		from balance withheld as part of novated lease agreement
---	--	---	--	--

Confirm Bank Details

Bank Account For Deposit Of Funds

Account holder(s)	BSB	Account number	
e.g. RA & MJ Williams	6 digits	max 9 digits	

Disclaimers:

The information contained above on electronic and printed collateral is for information purposes only. Whenever you are making decisions that affect your income and financial affairs, you should consider seeking independent financial advice | E. & O. E. | Copyright 2025 Eziway Salary Packaging |

