# Motor vehicle expense form

Please complete the highlighted fields and return to Eziway:

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

## Your details

Title Dr Mr Mx   Prof Dr Mr Mx Mx   Mrs Ms Miss Other Image: Contract of the contract of	First Name(s)	Family Name	
Payroll ID	Employer Name	Total Value	Registration Number

#### Declaration

- I declare I have incurred motor vehicle 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. 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	
/ /		

Item	Tax invoice date and issuer	Amount
e.g. Tyres x 4	e.g. 12 Jan 2020 - Tread Ready P/L	e.g. \$600

## **Payment instructions**

Please reimburse:	once off payment	OR	over the next	fortnights / pay cycles
				(as per gross salary allow

oss 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 |



1800 932 394 | carleasing@eziway.net.au | eziway.net.au