



Name: _____

MOTOR VEHICLE – RUNNING COSTS

REGISTRATION

\$ _____ pa

Payment Method:

Reimbursement from receipts

INSURANCE

\$ _____ pa

Insurance Company:

Payment Methods:
(please tick method)

DIRECT CREDIT / REIMBURSEMENT

FUEL COSTS

\$ _____ pa

Payment Method:

Reimbursement from receipts

MAINTENANCE COSTS

\$ _____ pa

Payment Method:

Reimbursement from receipts

Is this item used in relation to your employer's business? Yes No

SUBSTANTIATION REQUIRED

**(a) Car
Insurance**

Reimbursement

A copy of the receipt attached to a claim form

Direct Credit

- letter from Insurance Company specifying the following details:
 - amount per period
 - frequency of payments
 - date payment due
 - employee's bank account and BSB number from where the payments are deducted

Employee's Signature _____

Date ____/____/____



Employee's Signature _____

Date ____/____/____