

AUTO LEASE PAYMENT REIMBURSEMENT FORM

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

VEHICLE & LEASE DETAILS

VEHICLE MAKE & MODEL

YEAR

VIN (VEHICLE ID NUMBER)

LEASING COMPANY

LEASE AGREEMENT NUMBER

LEASE TERM (MONTHS)

REIMBURSEMENT CLAIM DETAILS

BILLING PERIOD	PAYMENT DUE DATE	TOTAL MONTHLY LEASE COST	BUSINESS USE %	REQUESTED REIMBURSEMENT AMOUNT
TOTAL REIMBURSEMENT CLAIMED				

REQUIRED DOCUMENTATION CHECKLIST

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Copy of Active Lease Agreement (Required for initial claim or changes)

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Monthly Lease Invoice Statement

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Proof of Payment (Bank statement, cleared check, or receipt)

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Mileage Log / Business Use Verification (If applicable)

EMPLOYEE SIGNATURE

Date:

AUTHORIZED APPROVER SIGNATURE

Date: