

Employment KM Declaration Form

FAX TO (03) 9510 7373 (within 5 days)

	FBT ODOMETER DECLARATION FORM - at TERMINATION		
DRIVER'S NAME:		VEHICLE REGISTRATION:	
EMPLOYER:		CONTACT NUMBER:	
EMAIL:			
DECLARATION			

My odometer reading i	kilometers (print)
Date of Reading	/ (MUST BE AT DATE OF TERMINATION)
I declare the statement to calculate the FBT val	ontained in this declaration to be true in every particular, and will be used of my motor vehicle.
SIGNATURE: (The To	DATE:

Please return to: **SUPALEASE VEHICLE LEASING** PO BOX 2230, Prahran, VIC 3181

FAX: (03) 9510 7373

WARNING - LATE OR NO DECLARATIONS MAY RESULT IN YOU PAYING FBT