

NATIONAL ROADSERVICE AUSTRALIA REIMBURSEMENT FORM



CUSTOMER DETAILS

DATE: _____ MEMBERSHIP NUMBER: _____

NAME: _____

ADDRESS: _____

STATE: _____ POSTCODE: _____

PHONE: _____ EMAIL ADDRESS: _____

MAKE: _____ MODEL: _____ REGO: _____

REIMBURSEMENT DETAILS

INCIDENT DATE: _____

INCIDENT REFERENCE No: _____ (Provided by National Roadservice Australia at the time of the incident)

BENEFIT BEING REIMBURSED: Accommodation Vehicle Hire Locksmith

(Please refer to the terms, conditions and benefits of your specific membership to ascertain if you are eligible for reimbursement of the above)

TOTAL OF INVOICE: \$ _____ (Please attach service providers invoice to this form)

PAYMENT METHOD

Please select your preferred payment method:

BANK TRANSFER

CHEQUE

BSB: _____

Cheque will be posted to the address above.

ACCT No.: _____

ACCT NAME: _____

NOTE: National Roadservice Australia must be contacted at the time the incident occurs and prior to services being sourced. National Roadservice Australia will then provide you with an Incident Reference No which must be included on this form for reimbursement to be approved.

Please forward this completed form and the service provider invoice to:

**National Roadservice Australia Accounts Department,
PO Box 9091, Traralgon, Victoria 3844**

or email scanned documents to enquiries@nationalroadserviceaustralia.com.au