

# Retiree Reimbursement Form

## Company Vehicle Operations

***Your reimbursement check will be mailed to the address indicated below:***

Name: \_\_\_\_\_ CID: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vehicle I.D. No. (Last 8)	Explanation of Expense (attach separate sheet if needed)	Amount

By typing in my name, I authorize that the information I have entered on this form is true and accurate to the best of my knowledge: **Total Amount**

▶ Lessee's Signature:   X   \_\_\_\_\_ Date: \_\_\_\_\_

**Please review** the Terms and Conditions on the Retiree Website for eligible reimbursements.

-All expenses must be submitted within 6 months of the expense.

-You must submit the required information in its entirety in order for your reimbursement to be processed.

**Save and submit completed form and required items to: cocars@stellantis.com -OR- Fax: 248-512-0571**

**To ensure timely processing, all required items from the checklist below must be included:**

- A photocopy of the vehicle registration **MUST** be submitted when requesting reimbursement for licensing and titling fees.
- Legible proof of payment and receipts (paid in full receipt, front & back of cleared check or bank/credit card statement). Receipts must include your name, address, VIN of lease vehicle, mileage and date of repairs.
- For rental expenses, a photocopy of the final repair order **MUST** accompany the rental receipt.
- Expenses charged in Canada must be accompanied by the credit card statement.
- Your signature on the completed form.
- Keep copies of completed form for your records.

Submissions sent by postal mail will experience extended processing times:

LRMC  
 CVO Retiree Reimbursements  
 4300 S. Lapeer Road  
 Orion Township, MI 48359