

# Company Car Reimbursement Form

## Company Car Programs

**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

**Please allow 45 days for processing.**

**Total Amount**



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

Mail this completed form to: **FCA US LLC**  
**Company Car Reimbursement Department**  
**1000 Chrysler Dr.**  
**Auburn Hills, MI 48326**  
**CIMS 485-06-04**

**To expedite your claim, make sure you have included all required items from the checklist below:**

- A photocopy of the vehicle registration **MUST** be submitted when requesting reimbursement for licensing and titling fees.
- Original proof of payment and/or receipts (photocopy of front and back of check will be accepted)  
- All receipts must include your name and address, vin# of lease vehicle, mileage and date of repairs.
- For rental expenses, a photocopy of the repair order **MUST** accompany the rental receipt.
- Expenses charged in Canada must be accompanied by the credit card statement.
- Your signature.
- Make copies of completed form for your records.

**Please note:**

- All expenses regardless of the dollar amount may be submitted at anytime.
- To be considered for payment, all expenses must be submitted within 12 months of the expense.

\*As always, we ask that you submit the required information in its entirety in order to expedite your reimbursement request. Should you have any questions, please review the Terms and Conditions on the homepage of the Retiree Website.