

PORTABLE ELECTRONIC DEVICE REIMBURSEMENT CLAIM FORM

Please complete this form and return to easisalary

Email: info@easisalary.com.au | Post: 484 Albany Highway, Victoria Park WA 6100

IMPORTANT INFORMATION

Please sign and date this form. Incomplete claim forms will be returned to you. Please allow approximately three working days from easisalary's receipt of your claim form for it to be processed. Claim forms received after 4pm WST will be deemed received on the following business day.

Personal Details

Account Number	Home Number
First Name	Work Phone
Surname	Mobile Number
Employer	Email

Claim Details

You can only claim one benefit on this form. Claims made from multiple benefits will not be processed.

<input type="checkbox"/> Laptop	<input type="checkbox"/> Tablet	<input type="checkbox"/> Mobile Phone	Please enter the TOTAL value of the receipts attached to this claim relating to this benefit.	\$
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Reimbursement Details

<input type="checkbox"/> I have previously provided my reimbursement account details to easisalary		
<input type="checkbox"/> My reimbursement account details are shown	BSB	Account Number
<input type="checkbox"/> I wish to change my reimbursement account to	BSB	Account Number

Deductions

This will commence from your next available pay and will be confirmed via email

Please nominate the number of pay periods you would like this claim deducted from your pretax salary.

Number of pay periods

Declaration

I hereby declare that the attached tax invoices/receipts are for eligible salary packaging expenses as allowed by my employer. These expenses have not been claimed elsewhere. To substantiate my claim, I have attached the appropriate tax invoices and receipts to this form. I declare that these expenses were provided to me on behalf of my employer and were 100% attributable to my assessable income where applicable. I understand that full payment cannot be made by easisalary if there are insufficient funds in my account at the specified payment date.

<input type="checkbox"/> I have supplied the appropriate tax invoice/s and receipt/s for this claim, please pay/reimburse accordingly.
<input type="checkbox"/> I understand only the following laptop related items can be salary packaged: laptop and carry bag, pre-installed work related software; internal upgrades; mouse and portable printer.
<input type="checkbox"/> I declare that this portable electronic device will be used primarily for work related purposes to be eligible for salary packaging.

Signature:	Name Printed	Date: / /
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