

Portable Electronic Device Claim Form

Use this form to claim reimbursement for a laptop, iPad, tablet, electronic diary or any other portable electronic device that qualifies for this benefit. For more information please refer to the Portable Electronic Device information page on our website.

1. Your Details *(Please confirm who you are and where you work):*

Organisation Name:	Payroll No:
Full Name:	Unique ID:
Your Gross Annual Salary:	

2. Your Claim:

Please advise the total cost below and attach a copy of your receipt to this claim form. Please retain the original receipt for your own records and for warranty purposes.

Total Value of Portable Electronic Device Purchase: \$

I authorise SalaryPackagingPLUS to reimburse the expense over: Pay Periods

I request reimbursement to be made to the following account:

Account Name	Bank	BSB	Account Number	Transaction Reference Number

3. Employer Authorisation *(Mandatory):*

As an exempt benefit under the fringe benefit legislation, the purchase of this portable electronic device for work purposes is approved. I am the authorised signatory for the above stated organisation:

Signature: _____ Date: / /

Print Name: _____ Position: _____

In the event of changes to FBT legislation which cause the employer to have an FBT liability on the benefit item provided in the employee's salary package, or the introduction of any State equivalent to FBT legislation, the cost of any additional tax will be borne by the employee.

4. Declaration

- I have read and understand the information about this benefit on the SalaryPackagingPLUS website.
- I have attached a copy of the tax invoice/receipt from the supplier as evidence of the portable electronic device purchase.

Signature: _____ Date: / /