Personal Electronic Devices Salary Packaging Claim Form

Please complete this form and return to Easi along with:

- [ ] A copy of your most recent payslip and supporting documents.

Please sign and date this form. Incomplete claim forms will be returned to you.
Please allow approximately 3 working days from Easi's receipt of your claim form for it to be processed.
All reimbursements will be made to your nominated bank account by EFT if applicable.

Personal Details

Name	Employer Name
Contact Number	Email
Date of Birth (DD/MM/YYYY/)	Mobile Number
Annual Gross Salary	Occupation
Work Address	Home Address
Payroll ID	

Benefit Being Claimed

	Benefit (Values must be listed 100%)	Total Amount	GST	Substantiation
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

Payment instructions

Please nominate the number of pay cycles for reimbursement

- [ ] Once off payment
- [ ] Over the FBT year
- [ ] Nominate number of pay cycles:

Eligibility for Electronic Devices

	YES	NO
Will you use this electronic device for primarily (>50%) for work purposes?	☐	☐
Does your work not currently provide one? (If yes, please provide the reason why you need this extra device and how this be used for work purposes by reference to the requirement)	☐	☐
Is this the only electronic device you have salary packaged this FBT year? (01/04 - 31/03)	☐	☐

Reimbursement Details

☐ I have previously provided my reimbursement account details to Easi

☐ My reimbursement account details are shown

BSB	Account Number

☐ I wish to change my reimbursement account details to

BSB	Account Number

Employee Declaration

I hereby declare that I have read and understood the requirements for salary sacrificing work related items contained in EASI Fact Sheet and will use the tool identified primarily for work purposes. I acknowledge that if I am unable to provide sufficient documentation on request to support that the item is primarily used for work puroses, the Company may recover any FBT liablity that arises from my salary. To substantiate my claim, I have attached the appropriate substantiation 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 and will not be used for any other tax-deductible purpose. I understand that full payment cannot be made by Easi if there are insufficient funds in my account at the specified payment date. I understand that there is an admin fee(s) associated with this service/benefit provided according to my employer's agreement with Easi, and that this is payable by the employee along with my salary contribution for the benefit packaged.

Signed by:

Name Printed	Date

Signature	

Employer Approval

I hereby declare that the employee named above is eligible to Salary Package benefits.

Signed by:

Name Printed	Date

Signature	

Please return this form to info@easisalary.com.au