

# Salary Packaging Claim Form



Please complete this form, sign and date it and return to Easi along with a copy of your most recent payslip and supporting documents. 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. Incomplete application will delay your salary packaging set up. All reimbursements will be made to your nominated bank account by EFT if applicable.

## Personal Details

Payroll ID	Employer	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Email	
<input type="text"/>	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	Annual Gross Salary	
<input type="text"/>	<input type="text"/>	
Work Number	Mobile Number	
<input type="text"/>	<input type="text"/>	
Home Address	Postcode	
<input type="text"/>	<input type="text"/>	

## Benefit Being Claimed

	Benefit (Values must be listed 100%)	Total Amount	GST	Substantiation
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

## Payment instructions

Please nominate the number of pay cycles for reimbursement

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

## Reimbursement Details

My reimbursement account details are shown

BSB

Account Number

## Employee Declaration

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. Signed by:

Name Printed

Date (DD/MM/YYYY)

Signature

## Employer Approval

I hereby declare that the employee named above is eligible to salary package benefits.

Signed by:

Name Printed

Date (DD/MM/YYYY)

Signature

## Submit

Please return form to:  
info@easifleet.com.au