

## SALARY PACKAGING:

### Reimbursement for Laptop Computer

I, \_\_\_\_\_ (print full name)

Employer: \_\_\_\_\_ Payroll Number: \_\_\_\_\_

Hereby authorise Salary Options to salary package  
 The sum of \$ \_\_\_\_\_ per fortnight Over # \_\_\_\_\_ pay periods **or** Lump Sum (please circle)

For the reimbursement of a purchased laptop computer to the **total cost** of \$ \_\_\_\_\_. Please attach a copy of your invoice or receipt – you keep the original.

Into the following bank account:

Bank		In the Name/s of	
BSB (6 digit no.)		Account Number (Up to 9 digits)	
<b>OR</b> Biller Code		Reference Number	

#### Declaration

**I have attached a copy of the tax invoice / receipt from the supplier as evidence of the lap top purchase. I declare that this lap top is principally for work purposes in the area of**

\_\_\_\_\_  
 (Please give details of the work purpose related to purchase of this lap top)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ORGANISATIONAL AUTHORISATION**

As an Exempt Benefit under the Fringe Benefits Tax Legislation, the purchase of this Laptop for work purposes is approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Being an authorised signatory for the above Organisation

*Changes to Fringe Benefits Tax legislation, which cause the Employer to have to pay Fringe Benefits Tax on the benefit items provided in the Employee's Salary Package or the introduction of any State equivalent to Fringe Benefits Tax legislation, the cost of the any additional tax will be borne by the Employee.*

**PLEASE SEND THIS FORM TO SALARY OPTIONS**  
 Fax 1300 731 171 OR  
 Mail: PO Box 1564, Tullamarine VIC 3043