REIMBURSEMENT CLAIM FORM: PORTABLE DEVICES

(Laptop, Tablets, Mobile Phones)

Eastern Health

SALARY PACKAGING

1: PERSONAL DETAILS

Employee Name REQUIRED	Employee Number REQUIRED
Email	Phone Number

Please note the following conditions:

- COPY of the tax invoice must accompany your claim
- To be eligible to claim reimbursement of a Laptop, Tablet or Mobile Phone, the item must be purchased primarily for work purposes and must be signed by your Associate Program Director, equivalent or above
- The item must be purchased outright, not on a plan
- Accessories such as bags; cases; covers or additional software or warranties will not be reimbursed
- An Administration fee of 5% of the claimed amount will be applied to each claim submitted
- Eastern Health Everyday Expenses or Entertainment Benefit Visa Cards are not to be used to purchase Portable Electronic Devices
- All unsigned reimbursement claim forms will not be processed and will be returned unpaid.
- All reimbursements will be made via EFT to your nominated bank account.

2: DETAILS OF EXPENSES BEING CLAIMED

Payment Description	Payment Date	Amount Paid
	Total Claim Submitted:	$

3: BANK ACCOUNT DETAILS *(Please nominate bank account to where funds should be deposited)*

Account Name	BSB	Account Number

4: PAY DEDUCTIONS

Please nominate the number of pay periods you would like the claim to be deducted

(Please note: where you do not nominate deductions, your claim will be deducted over the least amount of pays)

Pays

5: TAXATION DECLARATION

- I declare that I understand and have complied with the above conditions.
- I declare that I have not or will not make duplicate claims for reimbursement for the same expense from Eastern Health. The receipts attached have not been and will not be used by any other person.
- I declare that the expenses as claimed on this reimbursement have been incurred by myself to be used primarily for work related purposes.

REQUIRED	REQUIRED
Employee Signature	Date / /

BUSINESS USE ENDORSEMENT

Claim **MUST** be co-signed by your Associate Program Director / equivalent or above

REQUIRED	REQUIRED
Endorsed by - sign & print name	Date / /