Reimbursement Claim Form

Portable Devices

(Laptop, Tablets, Mobile Phones)

easternhealth

SALARY PACKAGING

1. Employee Name	Employee Number
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 $30 + 4% 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.

2. Details of Expenses being claimed: (Please use the reverse side of this form if insufficient space)

Payment Description	Payment Date	Amount Paid
	Total Claim Submitted:	**$**

3. Bank Account Details: (Please nominate bank account to where funds should be deposited)

Bank 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.

Employee Signature	Date

Business Use Endorsement

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

Full Name	Signature	Date

C/- Eastern Health Distribution Centre 481 - 493 Maroondah Hwy Ringwood VIC 3134
p 1300 361 669 f 03 9879 8703 e salarypackaging@easternhealth.org.au