|  |
| --- |
| **SALARY PACKAGING APPLICATION FORM -** Portable Electronic Device |

**PLEASE COMPLETE AND EMAIL TO:**

**Human Resources Service Centre, Division of University Operations:** hrservicecentre@adelaide.edu.au

This form should be used by continuing or fixed-term staff to apply for salary packaging of a portable electronic device which is primarily for work-related use.

|  |
| --- |
| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** |
| Staff ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch: Work phone: Title: Family name: Given names (in full):  |

|  |
| --- |
| **CLAIM DETAILS** |
| What is a portable device?* A portable device is one that:
* Is easily portable and designed for use away from an office environment
* Is small and light
* Can operate without an external power supply, and
* Is designed as a complete unit

The original receipt or other proof of payment (such as credit card statement) and tax invoice which includes the name of purchaser must be submitted with this form to enable reimbursement of your claim.

|  |
| --- |
| **Items that CAN be included as a salary packaged item** |
| Items that are ‘bundled’ by the retailer and presented on the same invoice (not listed or costed separately, such as: |
| Extended warranty |
| Protective carry bag |
| Modem and fax cards |
| Accessories for use with a laptop or notebook such as a portable printer |
| Preloaded-software that is part of the overall computer package (as an operational requirement) |

 |
| Item Description: | Amount (not including GST) $ |
|  | GST $ |
|  | Admin Cost $ 50.00 |
|  | **Total amount (Amount + GST + Admin Cost) $** |

|  |
| --- |
| **AGREEMENT FOR SALARY PACKAGING A PORTABLE ELECTRONIC DEVICE** |
| **Staff Member*** I have read and understood the Portable Laptop, Notebook Computer or Multiple Function Portable Electronic Devices Guidelines and agree to abide by the provisions contained therein, which may be varied from time to time;
* I declare that the item(s) I have requested to be reimbursed as part of a salary packaging arrangement have been acquired primarily for use in my employment. **Declaration on page two to be completed**
* I have not been reimbursed for a similar item in the current Fringe Benefits Tax year or the item is a replacement for an item that has been lost, destroyed or in need of replacement due to developments in technology.
* The University has advised me that I should seek independent financial advice before proceeding with any salary packaging arrangements and the University accepts no liability should I fail to seek financial advice and/or for any financial advice that I have independently sought.
* The University accepts no liability should I incur additional income tax or other costs now or in the future as a result of this salary sacrifice arrangement.
* In the event of any Fringe Benefit liability or penalties incurred by the University as a result of this salary sacrifice arrangement, I agree to reimburse the University the full cost of these charges.
* An administration fee of $50 (pre-tax) will be charged for salary packaging the above items;
* I agree to use the item in compliance with the University’s IT and other related policies

Signature: Date:  |
| **DECLARATION FOR SALARY PACKAGING A PORTABLE ELECTRONIC DEVICE** |
| **I,** ………………………………………………………………………………………………………………………**(Staff member name)**Declare that the item (s) claimed above are primarily for use in the my employment and state the following:The intended use of the device is as follows (e.g. Type of work of work you be performing): ………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………….How the use of the item relates to your employment duties:………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………….Staff member signature:…………………………………………………………………………………Date:……………………………………. |
| **SUPERVISORS CONFIRMATION** |
| **I,** ………………………………………………………………………………………………………………………**(Supervisor name)**Declare that the statements made by the staff member above are correct and confirm items claimed are provided primarily for use in the staff member’s employment. Supervisor’s Signature………………………………………………………………….. Date: ………………………… |