



STAFF DETAILS

Name _____ Staff No. _____
Section _____

I wish to salary package an **ELECTRONIC PORTABLE DEVICE** as per attached tax invoice and receipt.

TOTAL PAID FOR ELIGIBLE ITEMS \$ _____

- (a) The item must comply as an FBT exempt electronic portable device,
- (b) The item has been purchased primarily for work purposes,
- (c) Claims must not exceed one eligible portable device with identical function per FBT year (1 April – 31 March),
- (d) Claims are by reimbursement of expenses paid,
- (e) Original valid tax invoice and receipt, incurred in the staff members name is attached.

PRIVACY

The personal information you provide on this form is protected by the *Privacy and Personal Information Protection Act 1998 (NSW)*. You are required to provide this information to commence the deduction as Authorised. Access to the information you provide is available to yourself, and those persons authorised to access the information in the course of their duties at the University. This form will be retained by the Division of Finance. Further details regarding access and notations to personal information are set out in the University's policy "*Access to Personal Files*".

TERMS AND CONDITIONS

- I declare the device has been purchased primarily for work purposes.
- I declare that I have been provided with and read the *Guidelines for the Charles Sturt University Voluntary Salary Packaging Scheme* and have sought, or had the opportunity to seek, independent financial planning advice on the benefits (or otherwise) of my participation in the Charles Sturt University Voluntary Salary Packaging Scheme.
- I declare I will not claim the expense as part of my income tax return.
- I agree to comply with all of the provisions and conditions of the *Guidelines for the Charles Sturt University Voluntary Salary Packaging Scheme* as they apply to my participation in the Scheme. I acknowledge that I am responsible for payment of all fees, charges and taxes that may be incurred by me in my participation in the Scheme.
- I acknowledge and understand that Charles Sturt University expressly disclaims all and any liability and responsibility in respect of anything done or omitted to be done (or the consequences thereof) by myself in reliance upon the whole or any part of the information provided by Charles Sturt University in regard to my participation in the Charles Sturt University Voluntary Salary Packaging Scheme.
- I am responsible for insuring the device.
- In the event of any Fringe Benefit Tax liability or penalties incurred by the University as a result of this salary sacrifice arrangement I agree to reimburse the University the full costs of these charges

Staff Member _____ Date _____



Name _____ Staff No. _____

Checklist

- 1. Read conditions of Charles Sturt University Voluntary Salary Packaging Scheme
- 2. Expense has been paid, receipt attached
- 3. Valid tax invoice provides adequate description of purchased device and GST component
- 4. Salary Packaging agreement completed
- 5. Retain copies of tax invoices for insurance purposes.

Salary packaging agreements will not commence until all documentation is completed and application is assessed as being eligible.

Please email all completed documentation (including this form) to: Payroll@csu.edu.au
(We recommend that you save a copy, prior to submitting this request)

(DIVISION OF FINANCE USE ONLY)

The above staff member has met all requirements to enter into a salary packaging arrangement for the purchase an electronic portal device as per:

Device purchased from: _____

Invoice Number: _____ Amount: \$ _____

Receipt Number: _____ Date paid: _____

FBT Exempt device In Staff Members Name Salary Packaging Agreement Attached

Valid tax invoice Employee Status Current FBT year claims checked

GST exclusive amount: \$ _____ (5LAP)

GST as per tax invoice: \$ _____ (- 6REIG)

Total: \$ _____ Agrees to Invoice

Comments:

Approved: