



APPLICATION TO SALARY SACRIFICE A PORTABLE ELECTRONIC DEVICE (SPECIAL)

Section 1: EMPLOYEE DETAILS	
Employee ID (essential)	
Family Name	
Given Names	
Unit/Area	

Section 2: CLAIM DETAILS		
Item:		
GST Exclusive:	GST:	TOTAL:

NOTE: A VALID TAX INVOICE & PROOF OF PAYMENT MUST BE ATTACHED TO THIS FORM.

In requesting that the item(s) stated in Section 2 be salary sacrificed, I acknowledge that:

1. I have read and understood the University's Salary Sacrifice Guidelines and Conditions and agree to abide by the provisions contained therein, which may be varied from time to time.
2. I declare that the item(s) I have requested to be reimbursed as part of a salary sacrifice arrangement have been acquired primarily for use in my employment at the University of South Australia.

IMPORTANT: Please complete declaration on page 2 when claiming a portable electronic device

3. I confirm that I have not been reimbursed for a similar item in the current FBT year (1 April to 31 March) or that the item is a replacement for an item that has been lost, destroyed or in need of replacement due to developments in technology.
4. 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.
5. 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 cost of these charges.
6. The University has advised me that I should seek independent financial advice before proceeding with any salary sacrificing arrangement and the University accepts no liability should I fail to seek financial advice and/or for any financial advice that I have independently sought.
7. An administration fee will be charged for salary sacrificing the above item/s.
8. If my employment terminates before the full amount is able to be salary sacrificed, any outstanding amount will not be processed.
9. I confirm that I have satisfied myself as to the appropriateness of the benefits selected above and accept that it is my decision alone as to whether those benefits are suitable to my personal situation.
10. I agree to use the item in compliance with the University's IT and other related policies.

Signature: _____

Dated: _____

Please email this form, original tax invoice and proof of payment to salariesacrifice@unisa.edu.au

OFFICE USE ONLY					
Approved			Dated		
Pay Period Ending			From		To
Sal Sac Other	db38	\$	Sal Sac Other	db38	\$
Sal Sac Reimburse	da40	-\$ (neg)	Sal Sac Reimburse	da40	-\$ (neg)
Admin Fee Sal Sac	db40	\$	Admin Fee Sal Sac	db40	\$