



Griffith University
Email to
payroll@griffith.edu.au In first
instance for approval

Application for Mobile Phone/Miscellaneous Benefit (Reimbursement)

Instructions

This form must be completed and signed to commence your SalaryPlan mobile phone/other item benefit. Other item benefit includes airport lounge membership, briefcase, financial advice for the purpose of salary packaging.

Payroll deductions will commence on the nominated start date and cease upon the nominated end date. Please note that only one mobile phone benefit can be obtained during an FBT year.

You must also supply the original tax invoice from the mobile phone/other item supplier as part of the benefit substantiation for FBT exemption purposes.

Where a mobile phone is the subject of this benefit the phone must be primarily for business use.

The monthly tax invoice from your mobile phone service provider must be supplied to SalaryPlan in order to receive the reimbursement benefit each month.

Note: Reimbursements that exceed the monthly budgeted amount will be recovered in subsequent pay deductions.

Employee Details

Title: _____ First Name: _____ Surname: _____
Employer Name: _____ Employee's Payroll No.: _____

Employee Certification and Authorisation

I certify that this mobile phone/other item benefit is primarily for business use and is the sole mobile phone benefit I have received during the current FBT year.

I also certify this mobile phone/other item meets all Australian Taxation Office requirements to obtain the Fringe Benefits Tax exemption and if an audit finds this to be incorrect I shall bear all costs, taxes and penalties that may be attributed to this benefit item.

I also agree that SalaryPlan's administration fees can be deducted from my payroll with this benefit and remitted to SalaryPlan.

Mobile Phone / PDA Benefits Details

Phone / Item Supplier Name: _____ Cost of Phone / Item: \$ _____ (incl. GST)
(as per attached invoice)
Cost of Monthly Phone Plan: \$ _____ Mobile Contract Term: _____
Mobile Contract Start Date: ____ / ____ /20 Mobile Contract End Date: ____ / ____ /20
Your Bank Account Name: _____
Your BSB No.: _____ Your Account No.: _____

Remember to send your monthly tax invoice from the supplier to SalaryPlan for FBT substantiation purposes.

Approval

HR Staff Services
Employer: _____

SIGNATURE

/ /20

Print Name

Signature

Date

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