Laptop, tablet & portable device claim

Please complete the highlighted jelds and return to Eziway:

admin@eziway.net.au 1800 932 394 PO Box 987 Pakenham Vic 3810 eziway.net.au					
Title Prof	First Name(s)		Family Name		
Payroll ID	Employer Name		Total Value		
 I declare that my employ I declare that these expe The total value shown is written or printed in Engl 	laptop, tablet or portable dever is providing this benefit to nses have not been claimed of documented in the tax invoic lish. Sole for any Fringe Benefits Tax	me predominantly for bor reimbursed previously ses and receipts attached	ousiness or wor y through Salar d. I have provid	rk purposes. ry Packaging. ded itemised receipts	
Signature Date S	ignature				
Payment instructions Please reimburse: once of the second	ff payment <i>OR</i> over the	e next fortnigh Bank Account for		(as per gross salary	allows)
Account holder(s) e.g. RA & MJ Williams		BSB 6 digits		Account number max 9 digits	
Eziway will process Laptop Smartphone Tab	let Portable printer Mo	ouse Portable mor	_	II NOT process	Software
			\otimes		⊗ ⊗

Disclaimers:

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