



NEW / AMENDMENT

COMMUNITY BUSINESS BUREAU INC.

Email: ncb@cbb.com.au Facsimile: 08 8244 9145

LAPTOP COMPUTER PACKAGING AUTHORITY FORM

EMPLOYEE NAME: _____ NCB No _____ - _____

EMPLOYER NAME: _____

EMPLOYEE PAYROLL NO: _____ E-MAIL ADDRESS: _____

Please credit the following amounts deducted from my wages by my employer to my Non Cash Benefit account, administered by the Community Business Bureau Inc. FOR THE SPECIFIC PURPOSE OF THE PURCHASE OF A LAPTOP COMPUTER

START DATE: _____ END DATE: _____ OR AMOUNT \$ _____
(if applicable)

LAPTOP COSTS

Total amount of LAPTOP purchase \$ _____
Plus CBB Fee + \$ _____
Total \$ _____ *

I AUTHORISE CBB TO DEDUCT THE AMOUNT OF * \$ _____ (Incl GST) FROM MY NCB ACCOUNT once off - first payment (being the amount I must pay to my employer to cover the fee charged to my employer by Community Business Bureau Inc for its administration services).

EMPLOYEE SIGNATURE: _____

DATE: ____ / ____ / ____

EMPLOYER' SIGNATURE: _____

DATE: ____ / ____ / ____

CBB USE ONLY	
REC'D	____ / ____ / ____
Entered By	_____
AMT \$	_____
PAYROLL	_____
NCB	_____ - _____
	<input type="checkbox"/> <input type="checkbox"/>