

TAX INVOICE SOUTH AUSTRALIA

To be used if the site requests an individual agreement for payment of Professional Experience Supervising Teacher and Site Coordinator Allowances to be paid to the school/centre. The Supervising Teacher/s and Site Coordinator must sign the agreement to indicate that they accept the arrangement and will not be seeking direct payment. **Please note some claims may take up to 8 weeks from processing to payment.**

Tax Invoices should be sent via email to: Wil.Payments@usq.edu.au

INDIVIDUAL AGREEMENT FOR PAYMENT OF PROFESSIONAL EXPERIENCE ALLOWANCES			
School/Centre Name:			
School/Centre Address:			
Suburb/Town:		State/Territory:	Postcode:
Invoice/Ref No:	Date: / /	ABN:	

Claim for Period of Professional Experience placement: From: / / To: / /

Supervising Teachers:							
Name/s of Student/s	Course code, semester, year	Number of placement Days per Individual Student	Total Number of Days claimed per Individual Student	Current Daily Rate of Pay (excl. GST)		Gross Amount (excl. GST)	
				\$	c	\$	c
				35	20		
				35	20		
				35	20		
Site Coordinators:							
Name/s of Student/s	Course code, semester, year	Number of placement Days per Individual Student	Total Number of Days claimed for Site Coordination	Current Daily Rate of Pay (excl. GST)		Gross Amount (excl. GST)	
				\$	c	\$	c
				1	68		
ADMIN FEE							
GST TOTAL							
TOTAL CLAIM (GST INCLUSIVE)							

CERTIFICATION OF SITE COORDINATOR:

I certify that the hours/days were worked as claimed and that the details listed here are correct:

Name: _____ Phone Number: _____

Email Address: _____

Signature: _____ Date: / /

Name of Supervising Teacher/s	Signature	Date
		/ /
		/ /
		/ /
		/ /

Please note that all persons involved in the program of supervising and coordination must sign this section of the agreement.

Direct Payment to Supervising Teachers and Coordinators

This organisation requests direct payment for Professional Experience Supervising and Coordination of UniSQ students for all Supervising Teachers & Coordinators: This organisation requests an individual agreement for payment for Professional experience supervising and coordination of UniSQ students to be paid to the school/centre as stated above. The above supervising teachers and coordinator accept this arrangement and **will not be seeking** direct payment:

Signature: _____ Date: / /

Signature of Site Coordinator

PROFESSIONAL EXPERIENCE AGREEMENT FORM

WHOLE OF SITE PAYMENT SOUTH AUSTRALIA

Note: Preferred method of payment is Electronic Funds Transfer.

This organisation requests that an individual agreement for payment for Professional Experience supervising and site coordination of UniSQ students as detailed above is paid to the following account:

Email Address*: The remittance advice will be sent to this address by a system generated email.	
Financial Institution*:	
Branch Address*:	
Account Name*:	
BSB Number*: (6 Digits)	Account Number*: (Maximum 9 Digits) (Do not use card number)
Name of Account Holder*:	

*required fields

UniSQ FACULTY USE ONLY

Checked: _____ Date: ____/____/____ Ext: _____
Recommended for payment: (Forward to Finance Officer)

UniSQ FINANCIAL & BUSINESS SERVICES USE ONLY

VENDOR NUMBER 000 _____

Description	Professional Experience _____ Students		From: ____/____/____		To: ____/____/____			
GST Exclusive Amount	GST Amount	Gross Amount	BU	Account	Fd	Dept Id	Pg	Project
			USQ10	31404	2	202070	00	1000127

I certify that the payment detailed herein is necessary for the proper operation of the University, that this expenditure is within my level of delegated authority, and hereby authorise this expenditure

_____/____/____
Finance Officer (Shared Service Team) Date

_____/____/____
Signature (UniSQ Finance Delegate) Date

Please Print Ext

Please Print/Stamp