

# TAX INVOICE VICTORIA

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](mailto: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 <b>Days</b> per Individual Student	Total Number of <b>Days</b> claimed per Individual Student	Current Daily Rate of Pay (excl. GST)		Gross Amount (excl. GST)	
				\$	c	\$	c
				36	08		
				36	08		
Site Coordinators:							
Name/s of Student/s	Course code, semester, year	Number of placement <b>Days</b> per Individual Student	Total Number of <b>Days</b> claimed for Site Coordination	Current Daily Rate of Pay (excl. GST)		Gross Amount (excl. GST)	
				\$	c	\$	c
				1	80		
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 VICTORIA

**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*: <b>(6 Digits)</b>	Account Number*: <b>(Maximum 9 Digits)</b> <b>(Do not use card number)</b>
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