

# THE UNIVERSITY OF SOUTHERN QUEENSLAND

## CLAIM FOR PROFESSIONAL EXPERIENCE ALLOWANCES



### SITE COORDINATOR

**INSTRUCTIONS:** Please complete and sign this claim form within 4 weeks of completion of a **domestic Professional Experience placement** and forward on to the University.

Please ensure all areas of the form are completed fully to avoid delays in processing, some claims may take up to 6 weeks from processing to payment. Claims should be sent via email to: [professional.experience@usq.edu.au](mailto:professional.experience@usq.edu.au)

#### Claimant Details

##### Personal Details

Salutation:	Mr Mrs Ms Miss
First Name:	
Surname:	
Former name/s (if applicable):	
DOB:	
Home Address:	
Suburb/Town:	
State/Territory:	
Postcode:	
Phone Number:	
Email:	
USQ Payroll ID:	

##### School/Centre Details

Name of School/Centre:	
School/Centre Address:	
Suburb/Town:	
State/Territory:	
Postcode:	

##### Bank Account Details

Financial Institution:	
Account Name:	
BSB Number:	-
Account Number:	

**Tax File Number Declaration Form attached: Yes No, previously supplied in the last 12 months.**  
Failure to provide this form will result in your income being taxed at the highest marginal rate.

#### Claim Details

Placement Dates: From		To		
Course Code	Name of <b>Students</b> to be Claimed for	Number of <b>Days</b> for Course (Min 5 – Max 25)	Current Daily Rate of Pay	Gross Amount
			\$1.44	
			\$1.44	
			\$1.44	
			\$1.44	
			\$1.44	
<b>TOTAL DAYS</b>			<b>TOTAL CLAIM (GST Inclusive)</b>	

I certify that all the details provided above are correct and the hours were worked as claimed:

Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### SECTION 2 – USQ OFFICE USE ONLY PAYROLL SECTION

Claimant Type	Payment Code	Hours
Site Coordinator	IE2	

USQ Payroll ID: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Checked By: \_\_\_\_\_

Date: \_\_\_\_\_