TAX INVOICE

INDIVIDUAL AGREEMENT COURSE _____
for other than direct payment of Professional Experience mentoring and coordination

School/Centre_____

Address _____

_____**Post Code** _____

Invoice No: _____ **Date:** _____ **ABN:** _____

The University of Southern Queensland West Street TOOWOOMBA Qld 4350 Ph: 4631 2100

Claim for Period of Professional Experience from _____/_____/_____ to _____/_____/_____

Name of Student/s	Days per student x 5 hours	Total hours of Supervision	Current rate	Gross Amount
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
Number of Student/s	Days per student	Total days of Coordination	Current rate	Gross Amount
			$	$
			Total claim (GST Inclusive)	$

CERTIFICATION OF FIELD-BASED COORDINATOR: I certify that the hours/days were worked as claimed and that the details listed here are correct.

Name: _____ **Phone Number:** _____

Signature: _____ **Date**_____/_____/_____

NAME OF TEACHER/S	SIGNATURE	DATE

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

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

_____**Date**_____
Signature of School-based Coordinator

PROFESSIONAL EXPERIENCE AGREEMENT FORM
WHOLE OF CENTRE PAYMENT

Note: Preferred method of payment is Electronic Funds Transfer.

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

E-Mail Address: _____
The remittance advice will be sent to this address by a system generated email

Fax Number: _____
The remittance advice will be faxed to this number if no email is available

Financial Institution Name: _____

BSB: _____Account No: _____
6 digits Max 9 digits

Name of Account Holder: _____

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USQ FACULTY USE ONLY

Checked: _____/___/_____ Ext_____
Recommended for payment: (Forward to Finance Officer)

USQ FINANCIAL SERVICES USE ONLY: VENDOR NUMBER 000_____

Description	GST Exclusive Amount	GST Amount	Gross Amount	BU	Account	Fd	Dept Id	Pg	Project
Professional Experience **_____to_____** **For _____Students**				**USQ10**	**30808**	**2**	**2405**	**20**	**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 (USQ Finance Delegate)** **Date**

_____ _____
Please Print **Ext** **Please Print/Stamp**