**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:** [professional.experience@usq.edu.au](mailto:professional.experience@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 |
|  |  |  |  | **30** | **10** |  |  |
|  |  |  |  | **30** | **10** |  |  |
|  |  |  |  | **30** | **10** |  |  |
| **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** | **44** |  |  |
| **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 USQ students for all Supervising Teachers & Coordinators: This organisation requests an individual agreement for payment for Professional experience supervising and coordination of USQ 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 USQ 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

***USQ FACULTY USE ONLY***

**Checked:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  **Ext**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended for payment: (Forward to Finance Officer)

***USQ 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 (USQ Finance Delegate) Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please Print Ext Please Print/Stamp** | | | | | | | | | | |