

TAX INVOICE

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 6 weeks from processing to payment.**

Tax Invoices should be sent via email to: 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 Teacher:							
Name/s of Student/s	Course code, semester, year	Number of Days per Individual Student	Total Number of Hours per Individual Student <i>(Maximum of 5 hours per day or part thereof)</i>	Current Hourly Rate of Pay (GST Inclusive)		Gross Amount (GST Inclusive)	
				\$	c	\$	c
				6	80		
				6	80		
				6	80		
Site Coordinator:							
Name/s of Student/s	Course code, semester, year	Number of Days per Individual Student	Total Number of Days of Site Coordination	Current Daily Rate of Pay (GST Inclusive)		Gross Amount (GST Inclusive)	
				\$	c	\$	c
				1	44		
				1	44		
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 mentoring and coordination must sign this section of the agreement.

Direct Payment to Supervising Teacher/s and Coordinators

This organisation requests direct payment for Professional Experience Mentoring 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

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*:	Account Number*: <i>(Do not use card number)</i>
Name of Account Holder*:	

*required fields

<u>USQ FACULTY USE ONLY</u>	
Checked: _____	Date: ____/____/____ Ext: _____
Recommended for payment: (Forward to Finance Officer)	

<u>USQ FINANCIAL & BUSINESS SERVICES USE ONLY</u>								
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