

This form may be used by *either: staff (section 2), students (section 3) or external individuals (section 4) claiming refunds or reimbursements for out of pocket expenses. It may also be used to facilitate payment where a tax invoice is not available – e.g. subscription or membership applications forms. All requests for payment must have supporting documentation attached. All non-staff claimants must include a forwarding address and EFT banking details.

SECTION 1		CLAIM DETAILS	
Reason for Request:	<input type="checkbox"/> Supervision of Pre-service teacher placement <small>\$36.08 per placement day</small>	<input type="checkbox"/> Student Placement Coordination <small>\$1.80 per placement day</small>	
Name of student(s):			
Dates of placement:		No. of days claimed:	

SECTION 2		SUPPORTING INFORMATION	
School/Educational setting name:			
Email address:		Phone number:	
Supervising teacher name:		Placement report submitted:	Y <input type="checkbox"/> N <input type="checkbox"/>

SECTION 3		PAYMENT DETAILS	
Payment in the name of:			
Street address:		City:	
State:		Postcode:	
Bank name:			
BSB:		Account number:	
<input type="checkbox"/> Cheque Payment <input type="checkbox"/> International Payment Request? Please complete International Payment Request form & attach.			
<small>Note: If this payment claim is for an Australian resident who has supplied goods and/or services to the University, but has not supplied a tax invoice containing an ABN, they must complete and sign a Statement By Supplier form. Failure to do so could result in 48.5% withholding tax applying. https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/ </small>			

SECTION 4		APPROVAL	
I certify that this claim is correct: (Principal signature)			
Date:			

SECTION 5		LA TROBE UNIVERSITY OFFICE USE ONLY		
Charge to:	General Ledger	Cost Centre	WBS Element	\$ Amount AUD
	517100	1526	5.1000.02.02	
Claim reference number:				
Date processed to AP:				



Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
you have supplied goods or services to another enterprise (the payer), and
you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
Use BLOCK LETTERS and print one character in each box.
Place X in all applicable boxes.

Payers can check ABN records of suppliers by visiting abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details

Your name

Grid for entering name details

Your address

Grid for entering address details

Suburb/town

State/territory

Postcode

Grid for entering suburb, state, and postcode

Reason/s for not quoting an ABN Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$350 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
wholly of a private or domestic nature (from the supplier's perspective).

Section B: Declaration

For information about your privacy, visit our website at ato.gov.au/privacy

Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid for entering name of supplier

Signature of supplier (or authorised person)

Large box for signature

Daytime phone number

Grid for entering phone number

Date

Grid for entering date (Day / Month / Year)

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to us. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.