

This form is to be completed by individual staff members who have supervised students on placement and are claiming payment for placement supervision and/or placement-related expenses. Payment will be made directly to the claimant. All sections of this form must be completed in full. This form may also be used to facilitate payment where a tax invoice is not available. All requests for payment must have supporting documentation attached. All claimants must provide a forwarding address and EFT banking details to enable payment. Payment cannot be processed unless the form is signed by the Principal, Director or Student Placement Coordinator. **Supervising Teacher Payment Rates (subject to DoE changes).*

| SECTION 1 | CLAIM DETAILS | | |
|---------------------|--|---|--|
| Reason for Request: | <input type="checkbox"/> Placement Supervision (OR) <small>\$36.80 per placement day*</small> | <input type="checkbox"/> Shared Placement Supervision <small>\$18.40 each supervisor per placement day *</small> | <input type="checkbox"/> Student Placement Coordination <small>\$1.84 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"/> Electronic Funds Transfer (EFT) | | | |
| <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 |
| | | | 5.1000.02.02 | |
| Claim reference number: | | | | |
| Date processed to AP: | | | | |