

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).*

VIC Rates - \$36.80 per placement day for supervision, \$18.40 each per placement day for shared supervision, \$1.84 per placement day for coordination

NSW Rates - \$37.15 per placement day for supervision, \$18.58 each per placement day for shared supervision, \$1.85 per placement day for coordination

Other States - Refer to rates as per Agreement

SECTION 1	CLAIM DETAILS		
Reason for Request:	<input type="checkbox"/> Placement Supervision (OR) Shared Placement Supervision <input type="checkbox"/> Student Placement Coordination		
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:				