

Student Teacher Supervision Payment PR4

Version 2.0

Finance - Delivering Financial and Service Excellence

This form is to be used to make a one-off payment to a teacher who supervises a UNSW student during their professional experience at the school. A 'Statement by Supplier' form must accompany this form. Incomplete forms will delay payment. Please allow up to 6 weeks for processing.

UNSW Accounts Payable Use Only

Vendor ID	
Voucher ID	

This is a pdf writeable form and can be typed directly into and signed electronically

Teacher Details

Name & Address

Teacher Name _____ School _____

Address _____

Suburb/City/Country _____ State _____ Post Code _____

Email Address for Payment Advice _____

*Supervised Student Details - Please tick the type, if the supervision was shared, the percentage claiming & the no. of days student attended.

Select Type ☐ Supervision ☐ Co-ordination *Attach list if more than four students.*

	Student Name	Subjects	Supervision Shared?	Shared with (Name)	Percentage Claimed	No. of days student attended
1						
2						
3						
4						

Banking Details

I authorise you to make my payment to the following bank account.

Signature _____

Bank _____ Branch _____

BSB --- Account Number _____

How to submit the forms (PR4 & Statement by Supplier)

1. Type directly into this form and sign electronically.

2. Complete the 'Statement by Supplier' form, under reasons for not quoting an ABN please X 'The Supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia'

3. Email both the completed forms to professionalexperience@unsw.edu.au

UNSW Use Only

Comments for Payment Advice _____

Accounting

No of Days	X	Daily Rate	=	Total	X	Percent	=	Total Payt

Account	Fund	Dept	Project	GST Type	Amount (excl GST)	GST Amount	Total Amount (incl GST)
4401	OP001	EDUC	PSP2023	EXCL		\$0.00	

Description _____ This will appear in NS Financials Reporting. Maximum 30 characters.

Requested By

Name _____

Employee ID _____ Date _____

Email _____

Phone _____

Signature _____

Approved By (approver requires financial delegation)

Name _____

Employee ID _____ Date _____

Email _____

Phone _____

Signature _____

