

Student Teacher Supervision Payment PR4 Version 2.0 Finance - Delivering Financial and Service Excellence

This form is to be used to make a <u>one-off</u> 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 Acco	unts Payable Use Only
Vendor ID	
Voucher ID	

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

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Name & Ac	ldress						
Teacher Na	ime			School			
Address				_			
Suburb/Cit	y/Country		Sta	te Po	ost Code		
Email Addr	ess for Pay	ment Advice					
*Supervised	Student De	etails - Please tick the t	type, if the supervision	n was shared,	, the percentage cla	ming & the no. of days	student attended.
Select Type	!	Supervision	Co-ordination	on Attach	list if more than four stu	ıdents.	
	Student	Name	Subjects	Supervision Shared?	Shared w (Name		
1							
2							
3							
4							
Banking D	etails						
I authorise y	ou to make i	my payment to the follo	wing bank account.	9	Signature		
Bank			Branch				
BSB			Account			_	
How to sul	omit the fo	orms (PR4 & Staten	nent by Supplier)	_	_	_	
1. Type directl	y into this for	rm and sign electronically	·.			oth the completed forms	
		t by Supplier' form, under In ABN as they are not car			e X 'The <u>professio</u>	патехрененсешинзм.еас	<u>.au</u>
UNSW Use							
Comments	for Payme	nt Advice					
Accounting							
		No of Days X	y Rate Tot	al X	Percent =	Total Payt	
				CCT		CST	T.11
Account	Fund	Dept	Project	GST Type	Amount (excl GST)	GST Amount	Total Amount (incl GST)
4401	OP001	EDUC	PSP2023	EXCL		\$0.00	
Description	n			This will appea	ır in NS Financials Repo	rting. Maximum 30 charac	ters.
Requested I	Зу			Арі	proved By (appro	over requires financial dele	gation)
Name				Na	me		
Employee	D	Date		Em	nployee ID	Date	
Email				Em	nail		
Phone				Ph	one		
Signature				Sin	ınature		



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.

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payment does not exceed \$350 a week. The payment does not exceed \$75, excluding any goods and services tax (GST). as a private recreational pursuit or hobby, or wholly of a private or domestic nature (from the supplier's perspective).																																												
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misleading statement.

Penalties apply for deliberately making a false or

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.