

Site Coordinator Pay Claim Form

to be forwarded within 20 working days at end of placement period

Placement period: _____ to _____

1 Personal Details

Claimant's Surname _____
 First Name _____ D.o.B. _____
 Home Address _____

 Phone No. _____
 Email _____

2 School Details

Name of School _____
 School Address _____

 Site Coordinator's Name _____
 Phone No. _____
 Site Coordinator's Email _____

3 Claim Details (IMPORTANT: see the information sheet for guidelines on the completion of this form)

Course Code **No. of Days** **No. of Pre-Service Teachers** **Coordination %**
(1 = 100%; 0.5 = 50%)

Placement Coordination		Other		Total Placement
<i>UQ Use Only</i> Total No of Coordinated days	<i>UQ Use Only</i> \$1.44/student/day (PRACT)	No of hours	<i>UQ Use Only</i> \$12.28/hr (WORK2) (PTED02)	<i>UQ Use Only</i>

4 Banking Details

Name of Bank	_____	BSB Number	<input type="text"/>
Account Name	_____	Account Number	<input type="text"/>

5 Certification

Site Coordinator:

I certify that the necessary verifications have been carried out to ensure that this claim is correct. *Signature* _____ *Date* _____

6 Return forms to: pracpayclaims@uq.edu.au

Direct payment enquiries to: 07 3365 6550
 Please note: Payment may take 4-6 weeks to process upon receipt.

7 Tax File Number Declaration forms

Complete the 'Tax File Number Declaration' form and return with this form to the email above.

UQ Use Only

Aurion No:	_____	Employee No:	_____	Date Processed:	_____	Date Approved:	_____
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