

## Site Coordinator Pay Claim Form to be forwarded within 20 working days at end of placement period

School of Education	Placement p	eriod:		to			
1 Personal Details			2 School Details				
Claimant's Surname			Name of School				
irst Name D.o.B			School Address				
Home Address							
			Site Coordinator's Name				
Phone No.			Phone No.				
Email			Site Coordinator's Email				
3 Claim Details: FOR SUP	ERVISED PLACEMEN Course Code	TS FROM <u>JANU</u> No. of	Davs <sup>No. o</sup>	NLY f Pre-Service reachers	<b>Coordina</b> (1 = 100%; 0.		
		UQ Use Only	Coordination uquse only \$1.58/student, day (PRACTC)				
4 Banking Details							
Name of Bank				BSB Num	ber		
Account Name				Account Nu	ımber		
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 Pro			ed:		Date Approved	

CRICOS No. 00025B