THE UNIVERSITY OF SOUTHERN QUEENSLAND

CLAIM FOR PROFESSIONAL EXPERIENCE ALLOWANCES

SITE COORDINATOR

INTRUCTIONS: Please complete and sign this claim form within 4 weeks of completion of a **domestic Professional Experience placement** and forward on to the University.

Please note, you are not required to complete this form if you supported a student/s undertaking their placement while on a Permission to Teach (PTT). For more information please contact us.

Please ensure all areas of the form are completed fully to avoid delays in processing, some claims may take up to 6 weeks from processing to payment. Claims should be sent via email to: Wil.Payments@usq.edu.au

Claimant Details	
Personal Details	
Salutation:	○ Mr ○ Mrs ○ Ms ○ Miss
First Name:	
Surname:	
Former name/s (if applicable):	
DOB:	
Home Address:	
Suburb/Town:	
State/Territory:	
Postcode:	
Phone Number:	
Email:	
UniSQ Payroll ID:	(If Known)
School/Centre Details	
Name of School/Centre:	
School/Centre Address:	
Suburb/Town:	
State/Territory:	
Postcode:	
Bank Account Details	
Financial Institution:	
Account Name:	
BSB Number:	-
Account Number:	

Tax File Number Declaration Form attached: ○ Yes ○ No, previously supplied in the last 12 months.
Failure to provide this form will result in your income being taxed at the highest marginal rate.

Claim Details

Placement Dates: From To

Course Code	Name of **Students** to be Claimed for	Number of **Days** for Course (Min 4 – Max 25)	Current Daily Rate of Pay	Gross Amount
			$1.64	$ 0.00
			$1.64	$ 0.00
			$1.64	$ 0.00
			$1.64	$ 0.00
			$1.64	$ 0.00
			$1.64	$ 0.00
	TOTAL DAYS	0	**TOTAL CLAIM (GST Inclusive)**	$ 0.00

I certify that all the details provided above are correct and the hours were worked as claimed:
Coordinator Signature: Date:

SECTION 2 – UniSQ OFFICE USE ONLY PAYROLL SECTION

Claimant Type	Payment Code	Hours
Site Coordinator	IE2	

UniSQ Payroll ID:

Prepared By: Date:

Checked By: Date:

Version: December 2024

SUBMIT