



Claim for Payment for International Schools

International Professional Experience Supervision

School Name: _____

School Address: _____

Date of Professional Experience: _____ to _____

Names of Student/s: _____

Name of Supervising Teacher/Person making this claim: _____

Email Address for the person making this claim: Amount _____

Claimed: AUD\$21.05 x _____ days x _____ students = AUD\$ _____

- o Supervision and coordination is included in above amount. Payment is via Electronic Transfer only.
- o If a student is supervised by two teachers, payment may be shared between the two teachers on a percentage basis. Please photocopy this form if needed.
- o The Bank Sort Code/SWIFT Reference is available from your bank and is essential for QUT to process your claim. Please complete all details.

BANK SORT CODE / ABA RT# / SWIFT REFERENCE:	
Name of Bank (in full):	
Address of Bank: (including country)	
Account Number:	
Name of Account Holder/Account:	
Address of Account Holder: (including country)	
Preferred Currency:	

School Site Coordinator/Principal: I (please print name) _____ certify that

such verifications as are necessary have been carried out to ensure that this claim is properly payable.

Signature: _____ Date: _____

School Site Coordinator/Principal Email Address: _____

Forward claim to:

pex.claims@qut.edu.au

CRICOS No. : 00213J