



Student Teacher Supervision Payment PR4

Version 2.0

Finance - Delivering Financial and Service Excellence

This form is to be used to make a one-off 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 Accounts Payable Use Only

Vendor ID	
Voucher ID	

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

Teacher Details

Name & Address

Teacher Name _____ School _____

Address _____

Suburb/City/Country _____ State _____ Post Code _____

Email Address for Payment Advice _____

*Supervised Student Details - Please tick the type, if the supervision was shared, the percentage claiming & the no. of days student attended.

Select Type Supervision Co-ordination *Attach list if more than four students.*

	Student Name	Subject/ Method <i>The method listed on their PE2 report</i>	Supervision Shared?	Shared with (Name)	Percentage Claimed	No. of days student attended
1						
2						
3						
4						

Banking Details

I authorise you to make my payment to the following bank account. Signature _____

Bank _____ Branch _____

BSB --- Account Number _____

How to submit the forms (PR4 & Statement by Supplier)

1. Type directly into this form and sign electronically.
2. Complete the 'Statement by Supplier' form, under reasons for not quoting an ABN please X 'The Supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia'
3. Email both the completed forms to professionalexperience@unsw.edu.au

UNSW Use Only

Comments for Payment Advice _____

Accounting

No of Days	X	Daily Rate	=	Total	X	Percent	=	Total Payt

Account	Fund	Dept	Project	GST Type	Amount (excl GST)	GST Amount	Total Amount (incl GST)
4401	OP001	EDUC	PSP2023	EXCL		\$0.00	

Description _____ *This will appear in NS Financials Reporting. Maximum 30 characters.*

Requested By

Name _____

Employee ID _____ Date _____

Email _____

Phone _____

Signature _____

Approved By *(approver requires financial delegation)*

Name _____

Employee ID _____ Date _____

Email _____

Phone _____

Signature _____



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.

Section A: Supplier details

Your name

Grid for entering name details

Your address

Grid for entering address details

Suburb/town

State/territory

Postcode

Grid for entering suburb, state, and postcode

Reason/s for not quoting an ABN Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$350 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
wholly of a private or domestic nature (from the supplier's perspective).

Section B: Declaration

For information about your privacy, visit our website at ato.gov.au/privacy

Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid for entering name of supplier

Signature of supplier (or authorised person)

Large box for signature

Daytime phone number

Grid for entering phone number

Date

Grid for entering date (Day / Month / Year)

Penalties apply for deliberately making a false or misleading statement.

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.