



**STUDENT COMMITTEE SITTING/ATTENDANCE FEE PAYMENT**

**Purpose:**

Complete this form to receive a committee sitting attendance fee payment. Please note that all boxes must be completed prior to payment.

CLAIM	
<b>Name of Claimant:</b>	
<b>Address:</b>	
<b>Banking details:</b>	BSB (6 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number (maximum 9 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account in name of _____

NAME OF COMMITTEE (Please tick appropriate box)	
1. <input type="checkbox"/> School Formal Inquiry Committee	Name of School: _____
2. <input type="checkbox"/> Division Appeals Committee	Name of Division: _____
3. <input type="checkbox"/> Board of Inquiry - Statute 7 – Student Misconduct	

<b>Date of Meeting:</b>	<b>Duration of meeting (hours) :</b>
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Account Code	Duration of meeting	Rate per hour	Total Amount Payable \$
Area-Cost Centre- Item Code	Number of hours		GST CODE = N
AD – 176210 - 2464		@ \$20.00 per hour =	

AUTHORISATION			
I certify that the above committee sitting attendance fee payment is incurred for official University purposes. I am not quoting an ABN because the supply is made to you in my capacity as an individual and the supply is wholly of a private or domestic nature for me.			
<b>Claimant (signature)</b>	<b>Date</b>	<b>Executive Officer to the Committee (signature)</b>	<b>Date</b>
<b>Claimant Name (print name)</b>	<b>Ext no:</b>	<b>Executive Officer to the Committee (print name)</b>	<b>Ext no:</b>

APPROVAL	
<b>Director: Council Services and Chancellery (signature)</b>	<b>Date</b>
<b>Director: Council Services and Chancellery (print name)</b>	<b>Ext no:</b>