

LAB DEMONSTRATOR CLAIM FORM

Please record date and number of hours for lab demonstration. Remuneration will be based on information supplied on this form.

Name: _____ ID No. : _____

Campus: _____ Course Code : _____ Semester: _____

Please Tick One

Face to Face:

Print:

Week	Date	No. of Hours Claimed	Total
		Total No. of Hours Claimed	
		Rate	
		Total Amount Claimed	

I certify that the information given above is correct.

Signed : _____ Verified : _____ Verified : _____
(Claimant) (Campus Coordinator) (Course Coordinator)

Date : _____ Date : _____ Date : _____

Endorsed : _____ Date : _____
(Head of College)

Checked and Verified: _____ Date : _____
(Manager Finance & Corporate Services)

Approved: _____ Date : _____
(Director, Pacific TAFE)

Vote Code to be paid from: B5501 – PT0 – 65000 – 001