

Payment Advise Form

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| **Section A: To be completed by the Consultant** |
| 1 | Course Code/Title |  |
| 3 | Full Name of Trainer |  |
| 4 | Trainer ID. Number |  |
| 5 | Semester/Year |  |
| 6 | Total Registered Students |  |

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| **For Section B please complete the below check box accordingly**[ ]  First Payment [ ]  Final Payment |
| **Section B: Please complete Section 7 for First Payment or 8 for Final Payment Claim** |
| 7 | **First Payment** |
|  | a | Total Registered students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | b | If registered students are less than 20 please provide the Total # of contact hours : \_\_\_\_\_\_\_ |
|  | c | Updated class attendance sheet |
| 8 | **Final Payment** |
|  | a | Was the first Payment claimed: [ ]  Yes [ ]  No |
|  | b | If Student numbers are less than 20. Please provide the Unclaimed contact Hours:\_\_\_\_\_\_\_\_\_ |
|  | c | Final results spreadsheet  |
|  | d | Updated class attendance sheet |
|  | e | Updated coursework summary sheet |
|  | f | Course Report  |

This form is to be completed for each of the payments:

* Section A Completed by all Consultants,
* Section B: 7 for first payment Claim and

8 for the final payment claim

**IMPORTANT**

When filling this form for each payment please ensure that:

1. Information of the course code and title are correct
2. The forms for Section B, 7 & 8 are completed correctly

**Approved By:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Coordinator : |  | Signature: |  | Date: |  |
|  |  |  |  |  |  |
| Head of College: |  | Signature: |  | Date: |  |