TUTOR CLAIM FORM

Please record date and number of hours for tutoring. 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	Dates	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