



College of Arts, Society & Education - EDUCATION
Professional Experience – Teacher Salary
TAX INVOICE/CLAIM FORM – International Schools/Centres

IMPORTANT: It is mandatory to complete all fields on this claim for payment form. Failure to provide all details may delay your payment as an incomplete Claim Form will be returned. Please ensure you submit your claim ASAP after the completion of each period of Professional Experience (Prac). **PLEASE RETURN TO:** Professional Experience Unit, College of Arts, Society & Education, James Cook University, Townsville Q 4811 or Professional Experience Unit, College of Arts, Society & Education, James Cook University, PO Box 6811, Cairns Q 4870 or by emailing it to eduprofex@jcu.edu.au

School/Centre: _____

Tax Invoice/Claim Number _____

Contact Person: _____

School Address: _____

_____ Post Code: _____ Phone: _____

Supervising Teacher/Coordinator Name	Pre-Service Teacher Name	Dates of Professional Experience (PRAC) (from & to)	SBTE ONLY	COORDINATOR ONLY	
			Hours of Supervision (Max 5 hrs per day)	No. of Coordination Days	Group Talks (hours only)
1.		__/__/__ to __/__/__			
2.		__/__/__ to __/__/__			
3.		__/__/__ to __/__/__			

CERTIFIED CORRECT & APPROVED:

Signature of PRAC COORDINATOR/PRINCIPAL

Please Print Name

Date __/__/__

JCU CASE - Education – OFFICE USE ONLY		
Supervision payment rate: \$4.21 per hour	Total Hours	@ \$4.21 \$
Coordinator's Days payment rate: \$1.44 per PST per day	Total Days	@ \$1.44 \$
Group Talks payment rate: \$12.28 per hour	Total Hours	@ \$12.28 \$
		TOTAL \$

FUNDING ACCOUNT:
2221-11102-0001-8536

Certified by (Signature): _____ Date: __/__/__