



Name: \_\_\_\_\_

## PROFESSIONAL DEVELOPMENT

(Courses & Course Fees)

Name of Institute:
Name of Course:
Amount packaged: \$
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly    Other.....
Is this item used in relation to your employer's business? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please complete for EFT & DIRECT CREDIT payment methods only**

BSB Number:							Account Number:
Account Name:							ID (eg: Student No.):

### SUBSTANTIATION REQUIRED

**(a) EFT (weekly / fortnightly & monthly ONLY)**

Letter from Supplier specifying the following details:

- amount per period
- frequency of payments
- date payment due
- Supplier's bank account & BSB number where the payments are to be deposited
- ID Number (where required)

**(b) Direct Credit (weekly / fortnightly & monthly ONLY)**

Documentation specifying the following details:

- amount per period
- frequency of payments
- date payment due
- employee's bank account & BSB number from where the payments are to be deducted

**(c) Reimbursement (applicable for ALL payments)**

A copy of the receipt attached to a "Reimbursement Claim Form" at time of claim.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



*Employee's Signature* \_\_\_\_\_

*Date* \_\_\_\_/\_\_\_\_/\_\_\_\_