

## CONSULTING PAYMENT CLAIM FORM

**PLEASE COMPLETE AND FORWARD TO:**

Human Resources Branch, University Operations

This form is used to pay existing fixed-term or continuing academic staff from consulting funds. Payment of \$5,000 and above must be approved by the relevant Executive Dean. Such funds can only be sacrificed to superannuation if this sacrifice was elected prior to the work being performed.

### DETAILS (PLEASE USE BLOCK LETTERS)

Staff ID: \_\_\_\_\_ School/Branch:..... Work phone:.....

Title:..... Family name: ..... Given names (in full):.....

### CONSULTING DETAILS (ALL INFORMATION IS REQUIRED)

Description of consulting activity: .....

Period of consulting activity from:..... to.....

**Was this work done in South Australia?**.....  Yes  No

If no, please specify location (i.e. state):.....

Has the delivery of the project outcomes been accepted by the contracting party?  Yes  No

Prior to commencing the consultancy, did Head of School agree with the personal income component?  Yes  No

**(Please attach evidence of the prior approval by the Head of School)**

### PAYMENT DETAILS

<b>Account Code</b>	_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____	\$ .....
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### AUTHORISATION (SIGNATURE REQUIRED)

**Head of School**

I authorise payment to the above named employee for consulting work undertaken on behalf of the University in accordance with the *Research Grants, Contracts and Consultancies Policy*.

Name (please print):.....

Signature:..... Date: .....

**Executive Dean (Approval required for amounts of \$5,000 and above)**

Name (please print):.....

Signature:..... Date: .....