

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. All payments will be made net of any applicable Superannuation Guarantee (SG) contribution and relevant costs, e.g., payroll tax and work cover deductions. 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

Account Code	_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____	\$ _____
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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: _____