



EDF 025b Supervisor Professional Development Claim Form

SUPERVISOR CLAIM FORM – PROFESSIONAL DEVELOPMENT

For use only if Supervisor has NO GST registration to enable payment by RCTI agreement

Claimant's Name:

ABN Entity Name: **ABN:**.....

Address:
.....

Email address:.....

Is the entity registered for GST? YES NO

Professional Development			
Details of event:			
Date:	No of Hrs supervision:		\$
Travel expense	Item description		\$
Travel Mileage claimed: (68c/km plus GST)			

Claimants Signature **Date**/...../.....

Bank Account Details for EFT		Office Use Only	
Account Name:		AMT/ \$	
		G/L Account:	
BSB		Authorised for payment:	
		Authorised for payment:	
Account Number		Date Paid:	
		EFT/Cheque No:	
		Sessional Rate Paid:	\$120 + GST if applicable