**Professional Experience Invoice**

**Site Letter Head including Name, Address, Phone Number and contact Person**

**To: Flinders University**

**CEPSW TAX INVOICE**

**G.P.O. Box 2100**

**Adelaide SA 5001 ABN:**

Attention: WIL Education Professional Experience

Email: [cepsw.placements@flinders.edu.au](file:///C:\Users\thom0361\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\QE3YQKRJ\cepsw.placements@flinders.edu.au) **Invoice No.**

**Date:**

|  |  |
| --- | --- |
| **Description** | **Amount Claimed** |
| **Mentor teacher claim**  Name of mentor teacher/s  Name of pre-service teacher/s  Dates of the placement and number of supervision days @ $33.46 per day  **Example**: Mentor Jane Do/Pre-service teacher Bill Hayes  3rd Feb- 21st Feb 2020 = 15 days x $33.46  **Site Coordinator claim**  Name of Coordinator  Number of pre-service teachers supported x number of days per student @ $1.60 per day  Example: 4 students x 15 days each= 60 days x $1.60  **BSB No:**  **Account Name:**  **Account No:**  ***Please note: The above rates do not include GST – please add GST if applicable*** | $  $ |
| **Total** | $ |