**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%3A%5CUsers%5Cthom0361%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CQE3YQKRJ%5Ccepsw.placements%40flinders.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 CoordinatorNumber of pre-service teachers supported x number of days per student @ $1.60 per dayExample: 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**  | $ |