



COMMUNITY COLLEGE-NORTHERN INLAND INC

**NARRABRI
GUNNEDAH**

(Tick applicable College Centre)

**BINGARA MOREE
BARRABA**

**WARIALDA
INVERELL**

REQUEST FOR PAYMENT OF WAGES

Tutor's Name

Address

Course Name

Date/s Worked

Time/s Worked

Total hours

\$/hour

This is a part / full payment of wages for this course. (delete as required)

Travel cost Total kilometers x 65c /KM = \$

Reimbursement of equipment supplied

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.....
.....

Tutor signature

Co-ordinator's name

Date

Authorisation

Bank details if Direct Dep is preferred

Cheque No.

Date

Account Name

BSB.

Account No