University of Technology, Sydney

VOUCHER FOR *PRESIDING SUPERVISOR*
OF FORMAL EXAMINATIONS FOR THE STUDENT ADMINISTRATION UNIT
_____ SEMESTER YEAR _____

PAYROLL NO: _____ NAME: _____ ADDRESS: _____ POSTCODE: _____ PHONE: _____

CENTRE	SESSION NUMBER	DATE	START	FINISH	NO OF STUDENTS	1-99 DAY	1-99 EVEN	1-99 SAT	100-150 DAY	100-150 EVEN	100-150 SAT	151-250 DAY Scribe	151-250 EVEN	151-250 SAT	251 + DAY	215 + EVEN	215 + SAT
	TOTAL HOURS CLAIMED EACH COLUMN THIS PAGE																
					CODE	401	402	403	404	405	411	412	413	414	415	416	417
					CODE	451	452	453	454	455	461	462	463	464	465	466	467

SUPERVISOR'S SIGNATURE _____
I certify that the supervision listed above has been checked with the supervisor's certificates, and payment may now be made in accordance with the details shown.

Authorised: _____ Date: _____
Director, Student Administration

_____
Examinations Officer

SALARIES BRANCH USE ONLY

COST CENTRE 0886s1245

RATE CODE	HOURS	RATE CODE	HOURS	RATE CODE	HOURS	RATE CODE	HOURS	RATE CODE	HOURS	RATE CODE	HOURS	RATE CODE	HOURS	RATE CODE	HOURS
401		404		412		415		451		454		462		465	
402		405		413		416		452		455		463		466	
403		411		414		417		453		461		464		467	

_____ _____ _____
Authorising Officer under section 41 Actioned Date