Tutors request for payment form

ETTALONG BEACH
Arts & Crafts Centre Inc.

PO Box 158, Ettalong Beach 2257
ABN 69-833-623-936

To: Ettalong Beach Arts and Craft Centre inc

From: _____ **Class:** _____

Address: _____ **Term:** _____

_____ **Year:** _____

ABN if applicable**:** _____ **Date of request:** _____

Session e.g. Day of the week and AM, PM or Evening	**No. of Weeks**	**Hours per Week**	**Total hours** x $40 per hour
			$
			$
			$
			$
		Total amount claimed	**$**

Signature: _____ **Date:** _____

Bank details

Bank name: _____ **Account name:** _____

BSB: _____ **Acc:** _____

Office Use (to be signed by TWO signatories)

Signature: _____ **Signature:** _____

Name: _____ **Name:** _____

Date payment made direct to account _____