



SSAF SERVICE PAYMENT FORM

Club / Association: _____

Event / Activity: _____

Service provided: _____

Complete the following table for each occasion services were provided.

(Dates must be itemised - per semester summary is not acceptable. If extra space is required, complete a new form)

Date					
No. hours					
Hourly/Fixed rate					
Amount					

Total Amount for payment: _____

Are you a current Bond Student?

Yes - *"I declare that this supply of services is made in the course of furtherance of an activity done as a private recreational pursuit or hobby, and, is wholly of a private or domestic nature from my perspective"*

No - *You must provide a tax invoice with ABN or complete a statement by supplier form*

To be completed by student receiving payment for services provided:

Name: _____ Phone: _____

Signed: _____ Date: _____

"By signing I verify that the amount stated above was paid to me for services rendered as stated."

To be completed by authorised club Executive:

Name: _____ Phone: _____

Signed: _____ Date: _____

"By signing I verify that the above amount was paid to the student listed for services rendered as stated."