

**INDIVIDUAL SPECIALIST WORKFORCE CLAIM FORM**

***Secondary Examinations – Marking***

**2015 v3.0**

**Instructions:**

1. Please complete sections one to four on this claim form
2. If you are a GST registered individual taxpayer you must supply a tax invoice with this claim
3. If you are claiming for work which relates to more than one contract, please complete a separate claim form for each piece of work
4. Limited Liability Companies must supply a tax invoice; this claim form should **NOT** be completed

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| --- | --- | --- | --- |
| **Name** |  | **Contact No.** |  |
| **Address** |  | **Email** |  |
|  |  | **IRD No.** |

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 **SECTION ONE: PERSONAL DETAILS**

 Note: If this is the first time that you have been paid by NZQA, you will need to complete an IR330 and provide verified bank details

**SECTION TWO: TYPE OF WORK** (Complete or tick the appropriate boxes)

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject/Standard(s):** |  | **Year of Examination:** |  |
|  | **NCEA level one** |  | **NCEA level two** |  | **NCEA level three** |  | **Scholarship** |
|  | **Panel Leader /** **National Verifier** |  | **Check Marker /** **Check Verifier** |  | **Marker /** **Verifier** |  | **Other (specify):** |

**SECTION THREE: CLAIM DETAILS** (Please refer to your contract for the specifics about what you are entitled to claim)

Note: Please staple invoices/receipts/hotel accounts and any relevant work logs to this claim form (if relevant)

|  |  |  |
| --- | --- | --- |
| **Date** | **Claim Details (please enter relevant details of your claim below)** | **Amount ($)** |
|  | **Fees:** |  |
|  | Meeting / Training Fee (include purpose and date):  |  |
|  | Other Fees (written pre-approval required):  |  |
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|  | **Expenses:** |  |
|  | Mileage kms@74cents per km:  |  |
|  |  |  |
|  |  |  |
|  |  **Total (Including GST if applicable):** |  |

 **SECTION FOUR: DECLARATION** (I certify that this claim is correct and in accordance with the terms of my contract with NZQA)

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| **Signature** |  | **Date** |  |

**NZQA USE ONLY Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Initial/Date** | **First Approver** |  |  | **Second Approver** |  |  | **Third Approver** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost Centre** |  | **Activity** |  | **GL Code** |  | **Resource** |  | **Project Code** |  |  | **Value** |
| **3** | **2** | **2** |  | **3** |  |  | **3** | **1** |  |  |  | **3** |  |  |  |  |  |  |  | **$** |  |
| **3** | **2** | **2** |  | **3** |  |  | **3** | **1** |  |  |  | **3** |  |  |  |  |  |  |  | **$** |  |
| **3** | **2** | **2** |  | **3** |  |  |  |  |  |  |  | **3** |  |  |  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Total Value:** |  | **$** |  |

**Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**