

INDIVIDUAL SPECIALIST WORKFORCE CLAIM FORM

Secondary Examinations – Marking

2015 v 3.0



NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

QUALIFY FOR THE FUTURE WORLD
KIA NOHO TAKATŪ KI TŌ ĀMUA AO!

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

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

Name	Contact No.									
Address	Email									
	IRD No.									
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SECTION TWO: TYPE OF WORK (Complete or tick the appropriate boxes)

Subject/Standard(s):	Year of Examination:		
<input type="checkbox"/> NCEA level one	<input type="checkbox"/> NCEA level two	<input type="checkbox"/> NCEA level three	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Panel Leader / National Verifier	<input type="checkbox"/> Check Marker / Check Verifier	<input type="checkbox"/> Marker / Verifier	<input type="checkbox"/> 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):	
	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)

Signature	Date
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NZQA USE ONLY

Date Received: _____

Initial/Date	First Approver	Second Approver	Third Approver
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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: _____