WESTERN SYDNEY
UNIVERSITY

# Honorary Payment Authority Form for Living Expenses

**Form to be completed by the Hiring area then returned to the Office of People & Success.**

## Appointees Personal Details

**Employee #:** _____
**(leave blank if unknown)**

**Title:** _____

**Surname:** _____ **First Name:** _____

**Phone:** _____ **Date of Birth:** _____ / _____ / _____

**Address** _____

**Email Address:** _____

**Tick Visa Type:** ❑ WSU Sponsored Visa or ❑ Own Visa arrange ❑ Interstate visitor

**Cost Centre:** | | | | | | - | | | | | | - | | | | | - | | | - | | | - | 0 | 0 |

## Approval Period

**Appointment Period:** ____/____/____ to ____/____/____

**School/Office:** _____Campus: _____

**Hosting area contact** _____**Ext:** ☎_____

**Contribution Details: Rates used are in accordance with the University Pay rate Schedule. As per the ATO rules, payments for first 21 days are tax free, payments from 22 days are taxable unless appointee is exempt.**

**Payroll to start payments from the next scheduled pay date unless dates are specified as follows:**

Tick Box: TFN to be provided ☐ NO TFN Exempt: ☐

Date of first payment: _____Date of last payment: _____ OR Number of payments _____

Rate per day/week for first 21 days (tax free): $ _____ Total: $_____ (Excludes Oncosts)

Rate per day/week from 22 days $ _____ Total $_____ (Excludes Oncosts)

**TOTAL AMOUNT payable to appointee: $_____**

**Signed by the Delegated Officer:**

_____ _____ _____/_____/_____
**Delegated Officer (Please Print)** **Delegated Officer (Signature)** **Date**