



**HUMAN RESOURCES  
ONE-OFF PAYMENT FORM**

School/Admin Department

**SECTION 1 - PERSONAL DETAILS**

Employee number  Title  Family name

First names  DOB (dd/mm/yy)

Gender  Home tel. no.

Address (postal)  P/code

**SECTION 2 - BANK DETAILS**

*Please note that payments cannot be made to credit cards*

Account in the name of  Account no.

Name of bank  Bank branch

Bank State Branch (BSB)  **NB:** payments will be credited to the bank account on the next available pay day.

**SECTION 3 - PURPOSE & NATURE OF PAYMENT**

Note: Full time staff should not be paid more than 1FTE. If this employee is full time please attach justification for payment.

Date	Purpose of payment/Full details of services to be provided to UWA (eg Research)	Pay Code	Amount (\$Aus)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>			<b>\$</b> <input type="text"/>

**UWA Employees (Casual Appointments)** - Use pay code 012       Academic       General/Professional  
 **UWA Employees (Ongoing & Fixed Term Appointments)** - Use pay code 015  
 **Thesis marking** - Use pay code 612  
 **Non-staff** - Fill out TFN declaration Below

**SECTION 4 - ACCOUNTS TO BE CHARGED**

Business unit  Project/grant  Account  %

Business unit  Project/grant  Account  %

**SECTION 5 - APPROVAL**

In approving this payment I confirm that I am an Approved Delegate and funds are available, and I have adhered to University Finance Manual guidelines (refer [www.finserv.uwa.edu.au/fin\\_accounting/finance\\_manuals/ufm](http://www.finserv.uwa.edu.au/fin_accounting/finance_manuals/ufm)).

Name (please print)

Signature of Approved Delegate

**NOTE** Different delegations apply for -  
 - One Off Payments ≤ \$1,000  
 - One Off Payments > \$1,000

Contact number/extension

Date (dd/mm/yy)

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**ONE-OFF PAYMENT FORM (page 2)**  
**TAX FILE NUMBER DECLARATION**

This declaration is **NOT** an application for a tax file number.

**To be signed by the PAYEE and returned to the PAYER.**

- [Read all the instructions](#) provided by the payer before you complete this declaration.

Payer  ABN (or WPN)

1. **What is your Tax File Number (TFN)?**

Or

- I have made a separate application/enquiry to the ATO for a new or existing TFN.  
 I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.  
 I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2. **What is your name?**

Title

Surname or Family Name

First Given Name

Other Given Names

3. **If you have changed your name since you last dealt with the ATO, show your previous name details.**

Surname or Family Name

First Given Name

Other Given Names

4. **What is your date of birth?**       (dd/mm/yy)

5. **What is your home address in Australia?**

Address line 1

Address line 2

Suburb or Town  State  Postcode  Country

6. **On what basis are you paid?**

- Full-time Employment  Part-time Employment  Labour Hire  Superannuation Income Stream  Casual Employment

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TAX FILE NUMBER DECLARATION**

**7. Are you an Australian resident for tax purposes?**

Yes     No    If **No**, you must answer **No** at Question 8.

**8. Do you want to claim the tax-free threshold from this payer?**

If you have more than once source of income and currently claim the tax-free threshold from another payer, do not claim it now.

Yes     No    If **No**, answer **No** at Questions 9 and 10 unless you are a non-resident claiming a senior Australian, zone or overseas forces tax offset.

**9. Do you want to claim the senior Australian tax offset by reducing the amount withheld from payment made to you?**

Yes     No    If **Yes**, complete a *Withholding Declaration* (NAT 3093) but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, [refer to the instructions](#).

**10. Do you want to claim a zone, overseas forces, dependent spouse or special tax offset by reducing the amount withheld from payments made to you?**

Yes     No    If **Yes**, complete a *Withholding Declaration* (NAT 3093).

**11. (a) Do you have an accumulated Higher Education Loan Program (HELP) debt?**

Yes     No    If **Yes**, your payer will withhold additional payments to cover any compulsory repayments.

**(b) Do you have an accumulated Financial Supplement (SFSS) debt?**

Yes     No    If **Yes**, your payer will withhold additional payments to cover any compulsory repayments.

**DECLARATION by PAYEE:** *I declare that the information I have given is true and correct.*

Signature  Date (dd/mm/yy)

**IN-CONFIDENCE (when completed)**

NB: There are penalties for deliberately making a false or misleading statement.

**ONE-OFF PAYMENT DEFINITION**

TERM	DESCRIPTION/REQUIREMENTS	ONCOSTS CHARGED
<u>ONE OFF PAYMENTS</u>	<p>Usually where an amount of money/rate has been agreed between parties eg seminar, consultancy, workshop, thesis marking</p> <p>Duties adequately catered for under the University's various job categories and classifications should NOT be paid for on a one-off payment form.</p> <p>This form should not be used for regular fortnightly salary payments.</p>	<p><b>CODE 012</b> PRT ELA SGC = 9.5% PRT on SGC = 5.5%</p> <p><b>CODE 015</b> PRT ELA SGC = 9.5% PRT on SGC = 5.5%</p> <p><b>CODE 612</b> Thesis Marking PRT only</p>