

# Third Party Invoicing Form

## HOW TO USE THIS FORM

This form should be completed by both the student and employer on a semester by semester basis, where a student's employer or sponsoring organisation agrees to be invoiced for the relevant student's course fee.

### Instructions for the Student:

Please complete "Section 1" of this form and sign where indicated after reading the information explaining your responsibilities in relation to enrolment.

## SECTION 1: STUDENT DETAILS

Title	Given Names		
Surname	Student ID		
Contact Phone	Semester	Year	
Course / Unit Names			
Course Fees			
<i>It is the student's responsibility to ensure that fees are paid on or before the census date and to liaise with the employer or sponsoring organisation as required to ensure timely payment of fees.</i>			

## DECLARATION

I understand that my employer/sponsoring organisation has agreed to pay course fees related to my enrolment at the Health Education and Training Institute (HETI).

Signature	Date
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### Instructions for the Employer / Company:

To ensure the receipt of the Tax Invoice for the student employed/sponsored by your organisation, please complete "Sections 2 and 3" of this form. Please scan and return the form directly to [applications@heti.edu.au](mailto:applications@heti.edu.au) or instruct the student to return the completed form to the North Parramatta Campus.

## SECTION 2: EMPLOYER / ORGANISATION DETAILS

Employer / Organisation Name		
Australian Business Number (ABN)		
Street Address		
Suburb	State	Postcode
Contact name	Phone	
Email		
<i>All Invoices will be emailed to the address provided</i>		

## SECTION 3: EMPLOYER / ORGANISATION PAYMENT AUTHORISATION

Purchase Order No		
<b>NSW Health - Intra Health</b> (applicable ONLY to Local Health Districts, Specialty Networks, and Ministry of Health)		
<i>This information is available from the NSW Health entity finance team</i>		
Cost Centre	Entity Code	Project Code

## DECLARATION

In signing this third party invoicing form, the employer/organisation acknowledges they are accepting full responsibility for the payment of all fees and charges relating to the above named student's enrolment at HETI. Any rescindment of this Authority must be provided to HETI in writing and any fee incurred or invoiced prior to this rescindment authority will remain the responsibility of the Third Party.

Authorised Staff Name	
Position	
Authorised Staff Signature	Date