 **Approved Collector of Revenue**

**Nomination / Authorisation**

This form is for the nomination and authorisation of a Federation University Australia employee (full time, part time or casual) as an Approved Collector of Revenue on behalf of the University.

Please return completed and signed form to: Rhonda Hartigan

Head, Financial Operations. Finance.

Mt Helen Campus

**Approved Revenue Collector Nominee Details** *(details of person to be the Approved Revenue Collector)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Nominee** |  | | |
| **Title** |  | | |
| **Telephone Number** |  | | |
| **Institute/Area** |  | | |
| **Campus** |  | **Date** |  |

**Statement by Nominated Revenue Collector:**

I agree to accept responsibility to collect revenue on behalf of Federation University Australiaaccording to university revenue collection guidelines and taxation requirements.

I agree not to delegate my responsibilities to anyone who is not an Approved Revenue Collector.

I have read and understand the University’s Guidelines for Revenue Collection and have acquainted myself with sources of income which are GST free, and which are GST payable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominated Revenue Collector Signature** |  | **Date** |  |

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# Nomination of Revenue Collector (to be completed by Executive Dean, Director, Associate Director, Head of Institute or Manager)

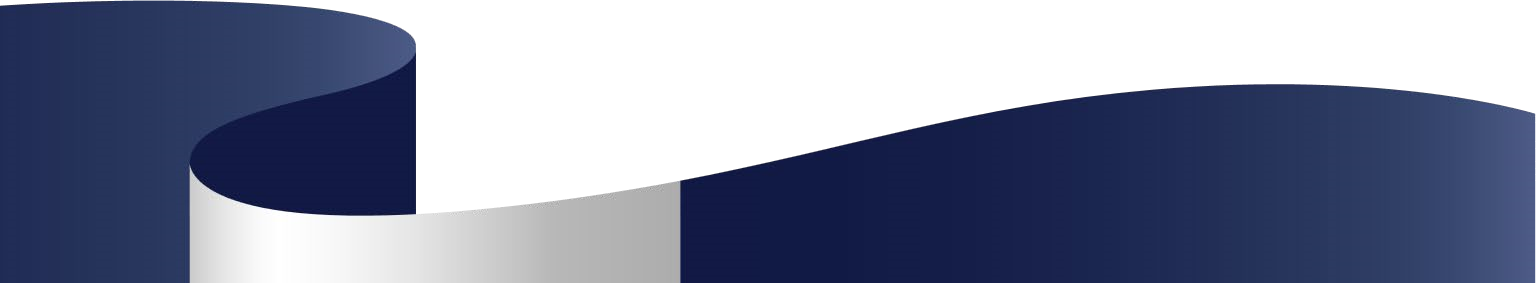
I hereby nominate the above-named Federation University Australia employee as an Approved Collector of Revenue on behalf of the University.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Title** |  | | |
| **Signature** |  | **Date** |  |
| **Institute/Area** |  | | |

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**FINANCE USE ONLY**

|  |  |  |  |
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| **Authorisation approved** | Rhonda Hartigan | | |
| **Title** | Head, Financial Operations. Finance (or nominee) | | |
| **Signature** |  | **Date** |  |



CRICOS Provider No. 00103D

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TEQSA No. PRV12151 (Aust Uni)