CITY OF GREATER DANDENONG

Work Experience Payment

					Amount
ACCT Number	01				$

TOTAL TO BE PAID	**$**

FULL NAME OF STUDENT:

DEPARTMENT:

DATE WORKED:

Student signature (*sign)*

Print name:

Authorised by*: (sign)*

Print name: **Print Job Title:**

Received by*: (sign)*

Print name:

OFFICE USE ONLY

CSO name:

Centre location: Pkm / Spr / Dand

Date: **Receipt No:**

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