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| --- |
| **CONTRACTOR, CONSULTANT, TEMP AUTHORISATION** |
| **Business/Entity Name:** |  |
| **Contractor/Consultant Name:** |  |
| **Contract Description:** |  |
| **New Contract:** | **Yes:** | **No:**  | **No. of Extensions: 0** |
| **Relevant Documents Attached:** | **Yes:**  | **No:**  |
| **Contract Term:** | **From:** **To:**  | **Term Months:** |
| **Total Value over Term:** |  | **Hours:**  |
| **Total Value per Annum:** |  | **Hourly Rate:**  |

|  |
| --- |
| **Comments (General):**  |
| **Comments (Finance):** |
|  |
|  |

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| --- | --- | --- | --- |
|  | **NAME** | **SIGNED** | **DATE** |
| **Deputy Chief Financial Officer** |  |  |  |
| **Chief Financial Officer** |  |  |  |
| **Chief Executive Officer** |  |   |  |
| **After final sign off, please return all documents to:** | Wendy Stubbins |