

# OCPE Course/Event Invoicing Form

Only complete this form if you are one of the following: DoE school based employee, Government Owned Corporations, Government Business Divisions and non-profit Organisation.

You must complete all fields on the form to finalise enrolment before the training session.

Applicant Details					
Course Title					
Course Dates		Course Cost excl GST			
Applicant Information					
First Name				Last Name	
Position Title					
Agency					
Location	<input type="checkbox"/> Darwin	<input type="checkbox"/> Katherine	<input type="checkbox"/> Alice Springs	<input type="checkbox"/> Other, please specify	
Email					
Phone Number				Mobile	
Invoicing Details					
As the financial delegate I am authorised to approve the nominated monetary amount					
Organisation Name					
Unit/Section/Branch		ABN			
Financial Delegate Name				Position	
Financial Delegate Signature				Date	
Phone Number				Email	
Contact Details for Invoicing					
Billing Address					
Email Invoice To					
Applicant Signature				Date	

Email completed form to [swpd.ocpe@nt.gov.au](mailto:swpd.ocpe@nt.gov.au).

Privacy statement: All information collected will be treated in accordance with the *NT Information Act 2002*<sup>1</sup>. It will be used by the OCPE Strategic Workforce Planning and Development Branch to assist in processing enrolments and administering courses.

<sup>1</sup> <https://legislation.nt.gov.au/Legislation/INFORMATION-ACT-2002>