



PONY CLUB SOUTH AUSTRALIA

PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

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REIMBURSEMENT/ADVICE FOR PAYMENT

CLAIMS for Expenses for Clubs/Zones & Personnel- Please complete form and return to PCASA State Office for payment. ****Note: Claims must be lodged within 30 days. If not funds may not be available.***

Name: (Club/Zone/Person) _____

Address: _____

Postcode: _____

ABN No.: _____

Tax invoice Submitted: YES / NO

Statement of supply attached.....yes/no

Event/Clinic/Etc: _____

Venue: _____

Date/s: _____

Reason _____

Purpose: (please tick one of the following) and break down amount claimed.

Examiner-PC Steward. \$80.....Clinic. . . .\$. Presenter\$150.....

All above per day =

Total claimed..\$.

Purpose...(please tick one of the following) and break down amount claimed.

Mileage: @ 30 cents per kilometre. Kilometres travelled.....\$.....

Fuel.....litres (Attach receipts) \$.....

Accommodation and Meals with receipts. \$.....

Attach receipts/invoices for payment for any out of pocket expenses that relates, to any of the above and forward with this claim. If you are unsure of payment for a specific purpose leave box amount blank and office will fill in. ABN number (if available)and Tax invoice to be submitted with claim.

SIGNED :..... Date Final total \$

State Office Use only:

Approved byState President: Date.....

GRANT: YES / NO GRANT BUDGET: STATE: AMOUNT APPROVED: \$.....

CIP: AMOUNT APPROVED: \$.....

Payment made by State NOT from Grant.....AMOUNT APPROVED.....\$ _____

TOTAL: \$.....

Cheque number.....Date.....checked by.....

