



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: _____

Post Code: _____ 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 breakdown amount claimed.

Examiner – PC Steward	\$80	Clinic	\$_____	Presenter	\$150
All Above per day =				Total Claimed	\$_____

Purpose: (Please tick one of the following) and breakdown amount claimed.

Mileage: @ 30c 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 the office will fill in. ABN Number (if available) and Tax Invoice to be submitted with claim.

Please supply bank details if require EFT payment

SIGNED: _____ DATE: _____ FINAL TOTAL \$_____

State Office Use only:

Approved by: _____ State 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: _____

