



President:
Mr. Greg Bailey

PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

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Patron: Caroline Schaefer

REIMBURSEMENT FORM 2016/17:

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: _____

Statement of Supply attached: YES: NO: (If NO please complete and attach)

Venue: _____ Date/s: _____

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

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

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

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

Reason.....

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 \$ amount blank and office will fill in.
Statement of supply MUST be attached to 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: \$.....

Office use only:

Cheque number:.....Date.....Checked by.....

