



President:
Mr. Greg Bailey

PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

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ADVICE FOR PAYMENT 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: _____ ABN: NO: _____ Tax Invoice submitted: YES / NO

Event/Clinic/Ect: _____

Venue: _____ Date/s: _____

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

Examiner. ...\$80. ... Coach\$150..... Presenter\$100.....

PC Steward\$80.....

Clinic \$80..... All above per day..... Other \$.....

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 box amount blank and office will fill in.
ABN number and Tax invoice to be submitted with claim

Sig ned : Date Fi nal to tal \$

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: \$.....

Office use only:

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

