



Pony Club Association South Australia

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President: Ann Olsen

Patron: Clare Lindop – Racing SA

REIMBURSEMENT FORM 2026/27

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: _____

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

Examiner – PC Steward ___ \$80 Clinic \$ _____ Presenter ___ \$150 Examiner _____ \$80

All Above per day = _____ Total Claimed \$ _____

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

Mileage: @ 50 cents per kilometre. Kilometre 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 byState President/State Treasurer: _____ Date.....

GRANT: YES / NO GRANT BUDGET: _____ STATE: _____ AMOUNT APPROVED \$ _____
CIP: _____ AMOUNT APPROVED \$ _____

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

TOTAL: \$ _____

Date _____ Checked by _____

