



PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

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Government of South Australia

Patron: Caroline Schaefer

President:
Mr. Greg Bailey

REIMBURSEMENT FORM 2010/11:

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 pacific 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.....

