



# Pony Club Association South Australia

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Phone: 08 7001 6749

ABN: 15 288 078 234

President: Ann Olsen

Patron: Clare Lindop – Racing SA

## 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: \_\_\_\_\_

