

Coach/Judge Payment Form



| | | | |
|-------------------|--|----------------------|--|
| Name of Claimant: | | | |
| Officiation Type: | | Accreditation Level: | |
| Email Address: | | | |
| Mobile Phone No: | | | |
| Name of Event: | | Date | |

| Please tick what you will be claiming | Description | Amount |
|---------------------------------------------------------------------------------------------------------------------|-------------|-----------|
| <input type="checkbox"/> Officiating/ Coaching as per the rate agreed by the Organising Committee (Includes travel) | | |
| TOTAL | | \$ |

OR

| | | | | |
|--------------------------|----------------------------------------------------------------------------------|------------------------------|------|-----------|
| <input type="checkbox"/> | Officiating/Coaching as per the current Pony Club WA Officials Payment Schedule. | Competition ie. Class/height | Time | |
| | | | | |
| | | | | |
| <input type="checkbox"/> | Travel @ 50c/km | Km Travelled: | | |
| TOTAL | | | | \$ |

OR

| | | | | |
|--------------------------|-----------------------------|---------------|--|-----------|
| <input type="checkbox"/> | Travel @ 50c/km | Km Travelled: | | |
| <input type="checkbox"/> | Other (must attach receipt) | | | |
| <input type="checkbox"/> | Other (must attach receipt) | | | |
| <input type="checkbox"/> | Other (must attach receipt) | | | |
| <input type="checkbox"/> | Other (must attach receipt) | | | |
| TOTAL | | | | \$ |

| | | | |
|--------------------|--|----------------|-----------|
| TOTAL CLAIM | | | \$ |
| Account Name | | | |
| Bank | | | |
| BSB No | | Account Number | |

| | |
|--------------------------------------|-------|
| Officials Signature: | Date: |
| Event Organisers Name and Signature: | Date: |

Email completed form to reception@pcawa.com