## Coach/Judge Payment Form



Name of Claimant								
Officiation Type				Accreditatio	n Leve	d		
Email Address				'				
Mobile Phone No								
Name of Event						Date		
Please tick what you will be claiming			Description					Amount
	Officiating/Coaching as per the rate agreed by the Organising Committee (Includes travel)							
			TOTAL				\$	
OR								
Pleas	Please tick what you will be claiming			Competition ie. Class/height Time		Time		Amount
	Officiating/Coaching as per the current Pony Club WA Officials Payment Schedule.						- - -	
	Travel @ 70c/km *Please note KM allowance is capped at \$300.		Km Travelled				x \$0.70 = \$	
						TOTAL	\$	
OR								
Please tick what you will be claiming			Description				Amount	
	Travel @ 70c/km *Please note KM allowance is capped at \$300.		Km	Travelled	Own club			N/A
	Other (must attach receipt)							
	Other (must attach receipt)							_
	Other (must attach receipt)							
	Other (must a	ttach receipt)						
						TOTAL	\$	
					TC	OTAL CLAIM	\$	
Account Name							•	
Bank								
BSB No Account Number								
Officials Signature						D	ate	
Event Organisers Name and Signature						D	ate	