



To:

I hereby claim the following pay	/ment/s for services rendered
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Name:			
Address:			
BSB:			
Bank Account No:			
Account Name:			
nducting a Judges Date/s of Seminar	Seminar @ \$300 Level of Seminar	per day: Location of Seminar	Amount Claimed
			\$
	Exams @ \$75 no	r hour (Max \$150) per candidate (no co	omnuterised spread
rovided & input is ma	anual by the JE):	,	
	anual by the JE):		Amount Claime
ovided & input is ma	anual by the JE):	,	
Name of Candidat	anual by the JE): e/s:	Level of Practical Exam	Amount Claimed
ovided & input is ma Name of Candidat	anual by the JE): e/s:	Level of Practical Exam	Amount Claimed
ovided & input is ma Name of Candidat	anual by the JE): e/s:	Level of Practical Exam	Amount Claimed
Name of Candidat Name of Candidat ileage Allowance for Number of Kms:	anual by the JE): e/s: Travel @ 70c pe	Level of Practical Exam	Amount Claimer \$ Amount Claimer \$
Name of Candidat Name of Candidat ileage Allowance for Number of Kms:	anual by the JE): els: Travel @ 70c pe	Level of Practical Exam er km round trip: Toll Fees (if applicable):	Amount Claime \$ Amount Claime \$

Signature of Claimant

Date

Please note: This form must be completed and forwarded ASAP

SDA Officials Committee Addresses:

Total Amount this Claim:

- **NSW** Julie Jones <u>tennysondale@bigpond.com</u>
- NT Danila Lochrin, c/- PO Box 901, Coolalinga, NT, 0839 -admin@ent.org.au
- QLD Maria Schwennesen, 69 Gleesons Road, Burpengary, QLD, 4505 mariaschwennesen@gmail.com
- **SA** ESA Office, Equestrian SA, Unit 10, 2 Cameron Road, Mount Barker, SA, 5251, accounts@equestriansa.com.au
- TAS Suzanne Betts, PO Box 80, Snug, TAS, 7054 chimo@netspace.net.au
- **VIC –** Dressage Co-ordinator, <u>dressage@equestrianvictoria.com.au</u>
- **WA –** Elaine Greene, Rangeview, 21 Pavilion Circle, The Vines, WA, 6060 elaine greene@westnet.com.au