**To:**

**I hereby claim the following payment/s for services rendered:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |
|  |
| **BSB:** |  |
| **Bank Account No:** |  |
| **Account Name:** |  |

***Conducting a Judges Seminar @ $300 per day:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date/s of Seminar** | **Level of Seminar** | **Location of Seminar** | **Amount Claimed** |
|  |  |  | $ |

***Conducting Practical Exams @ $75 per candidate (computerised spread sheet is provided by the OC):***

|  |  |  |
| --- | --- | --- |
| **Name of Candidate/s:** | **Level of Practical Exam** | **Amount Claimed** |
|  |  | **$** |
|  |  |  |

***Conducting Practical Exams @ $75 per hour (Max $150) per candidate (no computerised spread sheet is provided & input is manual by the JE):***

|  |  |  |
| --- | --- | --- |
| **Name of Candidate/s:** | **Level of Practical Exam** | **Amount Claimed** |
|  |  | **$** |
|  |  |  |

***Mileage Allowance for Travel @ 75c per km round trip:***

|  |  |  |
| --- | --- | --- |
| **Number of Kms:** | **Toll Fees (if applicable):** | **Amount Claimed** |
|  |  | **$** |

***Incidental Expenses*** *e.g. Accommodation, photocopying, postage etc (Receipts required)*

|  |  |
| --- | --- |
| **Details of Expenses** | **Amount Claimed** |
|  | **$** |

|  |  |
| --- | --- |
| **Total Amount this Claim:** | **$** |

**Signature of Claimant Date**

**Please note: This form must be completed and forwarded ASAP**

**SDA Officials Committee Addresses:**

|  |  |  |
| --- | --- | --- |
| NSW | Julie Jones | tennysondale@bigpond.com  |
| NT | Danila Lochrin | dressage@ent.org.au  |
| QLD | Maria Schwennesen | mariaschwennesen@gmail.com |
| SA | Equestrian SA | accounts@equestriansa.com.au |
| TAS | Judy Atkinson | clearviewgardens2@bigpond.com |
| VIC | Judith Li | judithli@equestrianvictoria.com.au |
| WA | Elaine Greene | elaine\_greene@westnet.com.au |