



To:

I hereby cla	aim the fol	lowing pay	ment/s for	services	rendered:
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Name:				
Address:				
BSB:				
Bank Account No:				
Account Name:				
Conducting a Judges	Seminar @ \$30	0 per da	v:	
Date/s of Seminar	Level of Seminar		ocation of Seminar	Amount Claimed
	••••••			\$
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Name of Candidate Mileage Allowance for Number of Kms:	anual by the JE te/s: r Travel @ 60c p	per km ro	Level of Practical Exam ound trip: Fees (if applicable):	Amount Claimed Amount Claimed \$ Amount Claimed
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Name of Candidate Mileage Allowance for Number of Kms:	r Travel @ 60c p	per km ro	Level of Practical Exam ound trip: Fees (if applicable):	Amount Claimed \$ Amount Claimed \$ Amount Claimed \$

Please note: This form must be completed and forwarded ASAP

Date

SDA Judges Committee Addresses:

Signature of Claimant

- NSW Sue Cunningham, 26-28 Watson Road, Moss Vale, NSW, 2577 suziecunningham99@gmail.com
- 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** Officials Coordinator, Equestrian SA, Unit 10, 2 Cameron Road, Mount Barker, SA, 5251 coordinator@sa.equestrian.org.au
- TAS Suzanne Betts, PO Box 80, Snug, TAS, 7054 chimo@netspace.net.au
- VIC Dressage Co-ordinator, 400 Epsom Road, Flemington, VIC, 3031 dressage@equestrianvictoria.com.au
- **WA –** Elaine Greene, Rangeview, 21 Pavilion Circle, The Vines, WA, 6060 elaine_greene@westnet.com.au



