

JUDGE EDUCATOR CLAIM FORM

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:	\$
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Signature of Claimant

Date

SDA Officials Committee Addresses:

NSW	Ann-Maree Lourey	byalee@bigpond.com
NT	Christine Edgoose	dressage@ent.org.au
QLD	Maria Schwennesen	mariaschwennesen@gmail.com
SA	Equestrian SA	accounts@equestriansa.com.au
TAS	Judy Atkinson	clearviewgardens2@bigpond.com
VIC	Jamison Ahrens	jamisonahrens@equestrianvictoria.com.au
WA	Elaine Greene	elaine_greene@westnet.com.au

Please note: This form must be completed and forwarded ASAP