



To:

Name:			
Address:			
BSB:			
Bank Account No:			
Account Name:			
onducting a Judges		per day:	
Date/s of	Level of	Location of Seminar	Amount Claimed
Seminar	Seminar		
			\$
		r candidate (computerised spread sh	
Name of Candida		Level of Practical Exam	Amount Claimed
Name of Candida	te/s: Exams @ \$75 pe	Level of Practical Exam er hour (Max \$150) per candidate (no c	Amount Claimed \$
Name of Candida	te/s: Exams @ \$75 pe lanual by the JE):	Level of Practical Exam er hour (Max \$150) per candidate (no c	Amount Claimed \$
Name of Candida onducting Practical rovided & input is m	te/s: Exams @ \$75 pe lanual by the JE):	r hour (Max \$150) per candidate (no d	Amount Claimed \$ computerised spread
Name of Candida onducting Practical rovided & input is m	Exams @ \$75 pe eanual by the JE): te/s:	Level of Practical Exam or hour (Max \$150) per candidate (no of blue Level of Practical Exam	Amount Claimed \$ computerised spread a
Name of Candida onducting Practical rovided & input is m Name of Candida	Exams @ \$75 pe eanual by the JE): te/s:	Level of Practical Exam or hour (Max \$150) per candidate (no of blue Level of Practical Exam	Amount Claimed \$ computerised spread a
Name of Candida onducting Practical rovided & input is m Name of Candida	Exams @ \$75 pe eanual by the JE): te/s:	Level of Practical Exam or hour (Max \$150) per candidate (no of the control of t	Amount Claimed \$ computerised spread Amount Claimed \$
Name of Candida onducting Practical rovided & input is m Name of Candida lileage Allowance fo Number of Kms:	Exams @ \$75 per sanual by the JE): te/s: Travel @ 70c per ser.	Level of Practical Exam or hour (Max \$150) per candidate (no of the control of t	Amount Claimed \$ computerised spread a Amount Claimed \$ Amount Claimed \$ s required)
Name of Candida onducting Practical rovided & input is m Name of Candida lileage Allowance fo Number of Kms:	Exams @ \$75 per sanual by the JE): te/s: Travel @ 70c per ser.	Level of Practical Exam or hour (Max \$150) per candidate (no of the control of t	Amount Claimed \$ computerised spread a Amount Claimed \$ Amount Claimed \$

Signature of Claimant

Date

Please note: This form must be completed and forwarded ASAP

SDA Officials Committee Addresses:

- NSW Sue Cunningham, 7 Montgomery Way 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 –** 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