

STATE COUNCIL REIMBURSEMENT

Date entered:

PO#:

The State Councillor must complete this State Re-imbusement Form on a quarterly basis and forward to the PCAV State Office.

Name

Print name:

Signed: Date: / / 20....

Period

Period (eg January to March 2010):

Amount Claimed

Amount Claimed: \$

Position held in Pony Club

(please tick)

- | | |
|---|--------------------------|
| President..... Quarterly Amount \$550.00 | <input type="checkbox"/> |
| Vice President..... Quarterly Amount \$275.00 | <input type="checkbox"/> |
| Treasurer Quarterly Amount \$275.00 | <input type="checkbox"/> |
| Zone Representative (inner zones)..... Quarterly Amount \$137.50 | <input type="checkbox"/> |
| Zone Representative (outer zones) Quarterly Amount \$275.00 | <input type="checkbox"/> |

Electronic Bank to:

Bank Name eg ANZ:

BSB:

Account Number:

Account Name:

Please forward this form to:

PCAV

73-75 Mackie Rd

MULGRAVE. VIC. 3170

Posting no:

Reimbursement: \$

Date:

Signature:

Version: Reimbursement - State Councillor Travel .doc

H:\PCAV Files\Templates\Forms\State Forms\Reimbursement - State Councillor Travel .doc

Date Received:

Expense

Accommodation

Date:

Venue:

Reason:

Amount:

Accommodation

Date:

Venue:

Reason:

Amount:

Home Office Expenses eg phone, stationary

Date:

Reason:

Amount:

Date:

Reason:

Amount:

Date:

Reason:

Amount:

Other Expenses

Date:

Reason:

Amount:

Travel Expenses

Total distance travelled km @ 40c = \$.....

Location Reason

Date

Total distance travelled km @ 40c = \$.....

Location Reason

Date

Total distance travelled km @ 40c = \$.....

Location Reason

Date

Total distance travelled km @ 40c = \$.....

Location Reason

Date

Total distance travelled km @ 40c = \$.....

Location Reason

Date

Total distance travelled km @ 40c = \$.....

Location Reason

Date

Total distance travelled km @ 40c = \$.....

Location Reason

Date