

**Croquet Associating Queensland,
150 Caxton Street, Milton 4064.
Ph: 3298-5576**



**PAYMENT/ REIMBURSEMENT REQUEST FORM -
INDIVIDUAL - FORM 26a**

Claimant Details

Name: _____ Phone: _____
 Address: _____
 Reason: _____ [code] _____

Particulars of Claim

Date	Details	Amount	
	Expenses incurred for the following:		
	Travel:		
	Accommodation:		
	Other:		
	Total		

Please remember to attach your invoices and receipts

Certificate

Certify that the amount above is due and payable for the goods supplied or the services rendered as described above.

Signed: (Individual) _____ Date: _____

Signed _____ Date _____
 (CAQ official – if required)

Please pay to following account:

<u>Bank</u>	<u>BSB No</u>	<u>Account No</u>	<u>Name of Account</u>

OFFICE USE ONLY:

<u>CAQ Code</u>	<u>EFT No</u>	<u>Cheque No</u>	<u>Amount \$</u>	<u>Date Paid</u>

- Note:
- (1) Travel claims may be paid at 30 cents per kilometer, excluding the first 50 kilometres.
 - (2) If this claim relates to CAQ Refereeing, ensure CAQ Tournament Manager has signed before claim is submitted” to CAQ Treasurer.
 - (3) If this claim relates to CAQ coaching, please ensure CAQ Director of Coaching has signed before claim is submitted to CAQ Treasurer.

Forward to CAQ Treasurer at the above address, or email to treasurer@croquetqld.org