

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



**PAYMENT/ REIMBURSEMENT REQUEST FORM -  
CLUBS - FORM 26b**

**Claimant Details**

Club: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Region: \_\_\_\_\_  
 Reason: \_\_\_\_\_

**Particulars of Claim**

Date	Details	Amount	
	Expenses incurred for CAQ Tournament No:		
	Lawn Hire -		
	Other -		
	Total		

**Please remember to attach your invoices and receipts**

**Certificate**

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

Signed: (Club Official)

Date:

Signed  
(CAQ Tournament Manager)

Date

**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>

**Please ensure the form is forwarded to the CAQ Tournament Manager for signing before it is forwarded to the CAQ Treasurer at the above address, or emailed to, [treasurer@croquetqld.org](mailto:treasurer@croquetqld.org).**