

Croquet Association Queensland

150 Caxton Street, Milton 4064

Phone: (07) 3876-5576



PAYMENT / REIMBURSEMENT REQUEST FORM

CLUBS - FORM 26b

Name: _____

Phone: _____

Address: _____

Postcode: _____

Reason: _____

		Total	

Please remember to attach your invoices and receipts

Expenses incurred for the following:

Date	Details	Amount	

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

Signed (Individual): _____ Date: _____

Signed (CAQ official - if required): _____ Date: _____

Please pay to the following account:

Bank	BSB Number	Account Number	Name of Account

OFFICE USE ONLY:

CAQ Code	EFT Number	Cheque Number	Amount	Date Paid

Notes:

1. Lawn hire - \$50 per court per day.
2. Referees, Managers lunches claim - \$10 per person per day

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

