



Zone 9 Pony Club Association Inc.

191 North Bonville Rd Bonville

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President:	Rebecca Sutherland
V President:	Rebecca Muenger
Secretary:	Lorraine White
Treasurer:	Vickye McKechnie
Zone Chief Instructor:	Alice Rehwinkel

Out of Pocket Expenses Claim Form

Please note – travel/mileage reimbursement is capped at \$300 unless agreed prior

Name:	
Address:	
Email Address:	
Program/Event:	
Reason for payment: ie Travel/Reimbursement	
Date/s:	
Kms travelled (round trip):	
Other expenses (eg tolls)	
Amount (\$0.70 x km – capped at \$300):	
Bank Account Name:	
BSB:	
Account Number:	

Not Quoting an ABN

Under the 'Pay as you go' legislation and guidelines produced by the Australian Taxation Office I provide you with a written statement that, for the supply I am making and for further supplies of this type that I make to you:

The supplier is an individual and has given the payer a written statement to the effect that the supply is either:

- made in course or furtherance of an activity done as a private recreational pursuit or hobby ☐
- wholly of a private or domestic nature (from the supplier's perspective) ☐

Signature of Supplier/Authorised person (electronic ok) _____

Date: ____/____/____

Daytime contact phone no _____