



# CROQUET ASSOCIATION QUEENSLAND

## PAYMENT/REIMBURSEMENT REQUEST FORM

### CLUB – FORM 26b

<b>CLUB Name:</b>		<b>Phone:</b>	
<b>Event Name:</b>			
<b>EVENT DATE:</b>		<b>CAQ/ACA Event -enter Code here:</b>	

**Expenses incurred for the following reason:**

**Number of attendees?**  *Comment*

**Come & Try Day :**    **Amount Claimed**    \$

**Event Court use**  **X**  **@ \$50 each = Amount Claimed \$**

**Officials – please indicate numbers for each. Use check boxes for official types.**

	<input type="checkbox"/> Referees
	<input type="checkbox"/> Tournament Manager
	<input type="checkbox"/> Venue Manager
	<input type="checkbox"/> Venue Referee
	<input type="checkbox"/> CAQ Representatives

**Officials Lunches:**    **Amount Claimed**    \$

**For SQUAD TRAINING**   Training Squad Members    **@ \$100 p/day**    \$

**TOTAL \$**

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

Signed (Club Official)		Date:	
Insert Name		Insert Date	
Signed (CAQ Official – if Required)		Date:	
Insert Name		Insert Date	

**PLEASE REMEMBER TO ATTACH YOUR INVOICES AND RECEIPTS**

**Please Pay to the following account:**

Bank	BSB Number	Account Number	Name of Account

**BOX BELOW IS FOR CAQ ADMINISTRATION ONLY USE**

CAQ Code	EFT Number	Cheque Number	Amount	Date Paid	

**PLEASE DOWNLOAD THIS FORM - FILL IT IN and EMAIL TO: [treasurer@croquetqld.org](mailto:treasurer@croquetqld.org)**

**Please Note:**

- 1. Court Hire claim: - \$50 per Court per day**
- 2. Referees, Managers Lunches claim: - \$10 per person per day**