



DRESSAGE JUDGES OUT OF POCKET EXPENSES CLAIM FORM (As per rule 10.9 & Annex M7.1)

(As per rule 10.9 & Annex M7.1) as at 1/1/17

Name of Judge:		
Name of Judge.		
Address:		
71441 0001		
Bank BSB:		
Bank Account No:		
Name of Account:		
Pay Direct to Bank Account:	YES	NO
Event:		
Date/s:	O a manufactura d	
	Comp/s Judged	Hours Judging
	e.g. 3.3	e.g. 1.5 hrs
Competitions Judged & total time of		
each comp:		
Sacri Sompi		
Total hours spent judging:		
Honorarium – Minimum payment \$40		
or \$20 per hour of judging whichever		
is the greater		
Kms travelled – round trip		
Travel subsidy @ 60c per km Other expenses e.g. toll fees		
TOTAL AMOUNT DUE:		
TOTAL AMOUNT DOL.		
Signature of Judge:		Date:
(tear off and keep as a record of what you have claimed)		
Date:		
Name of Club:		
Amount Claimed:		