



## **DRESSAGE JUDGES** OUT OF POCKET EXPENSES CLAIM FORM (As per rule 7.9)

as at 1/1/21

| Name of Judge.   |                           |                               |
|--|---------------------------|-------------------------------|
| Name of Judge:   |                           |                               |
| Address:   |                           |                               |
| Address.   |                           |                               |
| Bank BSB:  |                           |                               |
| Bank Account No:   |                           |                               |
| Name of Account:   |                           |                               |
| Pay Direct to Bank Account:                              | YES                       | NO                            |
|  |                           |                               |
| Event:   |                           |                               |
| Date/s:  | Comple Judged             | Hours Judging                 |
|  | Comp/s Judged<br>e.g. 3.3 | Hours Judging<br>e.g. 1.5 hrs |
|  | e.g. 5.5                  | e.g. 1.3 iii s                |
| Competitions Judged & total time of                      |                           |                               |
| each comp:   |                           |                               |
| •  |                           |                               |
|  |                           |                               |
|  |                           |                               |
| Total hours spent judging:                               |                           |                               |
| Honorarium – \$20 per hour-of                            |                           |                               |
| judging  Kms travelled – round trip                      |                           |                               |
| Travel subsidy @ 68c per km                              |                           |                               |
| (maximum \$300)  |                           |                               |
| Other expenses e.g. toll fees                            |                           |                               |
| TOTAL AMOUNT DUE:  |                           |                               |
| Signature of Judge:                                      |                           | Date:                         |
| (tear off and keep as a record of what you have claimed) |                           |                               |
| Date:  |                           |                               |
| Name of Club:  |                           |                               |
| Amount Claimed:  |                           |                               |