**Tournament Reimbursement Form**

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| --- | --- |
| Tournament: |  |
| Dates: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Claimant** | **Number of days** | **Rate** | **Total Amount** | **Bank account number** |
| **Manager** |  | $50/$35 | $ |  |
| **Referee** |  | $25 | $ |  |
| **Assistant Manager** *NOTE: only applicable if prior approval obtained from CNZ TC.* |  | $25 | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Amounts** | **Rate** | **Total Amount** |
| **AC Games played** |  | $6.50 | $ |
| **GC Games played** |  | $2.50 | $ |
| **Sets of Hoops used** |  | $5 | $ |
| **Sets of Balls used** |  | $2 | $ |
| **Extra mows** *NOTE: no reimbursement will be paid if no invoice is provided.* |  | Up to $100 | $ |
| **TOTAL Payment due to Host Association** | | | **$** |

|  |  |
| --- | --- |
| **Host Association Name** |  |
| **Contact Person** |  |
| **Email** |  |
| **Bank Account Number** |  |

Please, send this form fully completed to [accounts@croquet.org.nz](mailto:croquet@croquet.org.nz) within 2 weeks of the end of the tournament.