

Tax Invoice

Teacher Relief Reimbursement Request

(Please print clearly)

Teachers Name	
AICES Event	
Date of Event	
Official AICES Position	
School Name	
School Contact	
Contact Phone No	
Contact Email	

Teacher Reimbursement

This is to certify that _____ was replaced for the
 period _____ by _____ at a cost of
 _____ per day. Relief teacher's contact number _____

Refund Amounts

Qualified Teachers \$200 per day
 University Students \$150 per day

Amount Requested

Amount \$ _____
 Plus 10% GST \$ _____
 Total \$ _____

Principal Name: _____

Principals Signature: _____

Date: _____

Payments will **only** be made by Direct Deposit. Please supply the details below:

Payment Details

Account Name	
Bank	
BSB	
Account Number	
ABN	

Please post or email form to:
 Greg Aitken
 AICES Executive Officer
 PO Box 9282
 Orange East NSW 2800