**Officials Reimbursement Request**

(Please print clearly)

|  |  |
| --- | --- |
| Teachers Name |  |
| AICES Event |  |
| Date/s of Event |  |
| Official AICES Position |  |
| Hours of Duty |  |
| School Name |  |
| Address |  |
| Phone No |  |
| Your Contact Email |  |

**Refund Amount**

AICES Official – Honourarium - $200 per day (pro rata)

**Amount Requested**

Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $\_\_\_\_\_\_\_\_\_\_\_\_\_

Payable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be accompanied by a Payment Form For Officials. This form is available for download on the AICES Website in the General Documents section. Please fill in all sections with a Red Arrow.

Payments will only be made by EFT Direct Deposit.

**Payment Details**

|  |  |
| --- | --- |
| Account Name | Please email form to:  Greg Aitken  AICES Executive Officer  PO Box 9282  Orange East NSW 2800 |
| Bank |  |
| BSB |  |
| Account Number |  |