



# SOUTH AUSTRALIAN ICE SKATING ASSOCIATION Inc.

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www.saisa.org.au

Please address all correspondence to:  
The Secretary  
P.O. Box 125  
Oaklands Park SA 5046

## APPLICATION for RE-IMBURSEMENT or ADVANCE OF APPROVED EXPENSES

NAME: .....

ADDRESS: .....

SUBURB: ..... POSTCODE: .....

EMAIL: ..... PHONE: .....

<b>OFFICE USE ONLY</b>
Date received:
Details/documentation checked:
Tabled:
Approved:
Cheque Number:

DATE	DETAILS	AMOUNT
<b>TOTAL</b>		

SIGNATURE: .....

NAME: .....

DATE: .....

Only expenses which have been approved by the SAISA Council will be considered for re-imburement or advance  
Please send your application and copy of supporting documentation to SAISA Inc