



Victorian Endurance Riders Association

Supporting Volunteers

Incentive/Reimbursement Form

Name: _____

Email: _____

Phone: _____

Address: _____

Suburb: _____

Postcode _____

Payment Method:

cheque

Direct Deposit

Account Name: _____

BSB: _____

ACC _____

Please select the relevant payment to submit to VERA Inc.

Item Description	Price	Total
<input type="checkbox"/> Chief Steward Ride Attendance Ride Name:.....	\$75/day	
<input type="checkbox"/> TPR incentive Ride Name:.....	\$25 Full weekend attendance	
<input type="checkbox"/> AERASPACE/ride sec attendance	\$50/day	
<input type="checkbox"/> AERA Delegate	\$150	
<input type="checkbox"/> State Secretary Honorarium Annual fee	\$300	
Reimbursement <input type="checkbox"/> Stationary/postage <input type="checkbox"/> Equipment Description:		
<input type="checkbox"/> Other Details:		
Total Owing		\$

Approved by Name:

Signature:.....

Forward this invoice to the VERA Inc. Treasurer – address treasurer@vicera.com.au

Date Paid:	Payment No:
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