

CHRISTIAN SCHOOLS SPORTS ASSOCIATION

Teacher Relief Request Tax Invoice

(Please print clearly)

Teachers Name: _____

School Name: _____

Name of CSSA Event involved in: _____

Status at Event: _____

Teacher Release

This is to certify that _____ was replaced for the
period _____ by _____.

Total Amount Requested: **MAXIMUM \$300/day** \$ _____

plus 10 % GST \$ _____

Overall Total = \$ _____

Refund made payable to: _____

ABN: _____

BSB: _____ Account No: _____

Principal: _____

Principal's Signature: _____

Date: _____

Please forward to: Linda Heslehurst or Email: linda@cssa.nsw.edu.au
CSSA Executive Officer
PO Box 2424
Bomaderry 2541

CHRISTIAN SCHOOLS SPORTS ASSOCIATION ABN: 96 059 090 366

Executive Officer: Linda Heslehurst PO Box 2424 Bomaderry 2541

Email : linda@cssa.nsw.edu.au Website: www.cssa.net.au