

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.net.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

Ph : (02) 4422 8283 Email : linda@cssa.net.au Website : www.cssa.net.au