

CHRISTIAN SCHOOLS SPORTS ASSOCIATION

Teacher Relief Request Tax Invoice

(Please print clearly)

Teachers Name : _____

Name of CSSA Event involved in : _____

Status at Event : _____

School Name : _____

Address : _____ Post Code : _____

Phone No : _____ Fax No : _____

Teacher Release

This is to certify that _____ was replaced for the
period _____ by _____
at a cost of _____ per day.

Total Amount Requested : \$ _____
plus 10 % GST \$ _____
Overall Total = \$ _____

Refund made payable to : _____

ABN : _____

Principal: _____

Principal's Signature : _____

Date : _____

Please forward to : Linda Heslehurst
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/Fax : (02) 4422 8283 Email : cssa@ozemail.com.au

Website : www.studentnet.edu.au/cssa.