

# OTAGO Water Polo

**TO: COACH INVOICE**

**OTAGO WATER POLO**  
 Moana Pool  
 60 Littlebourne Road  
 Roslyn, Dunedin 9010

DATE :  
 COACHES NAME :  
 EMAIL :  
 ADDRESS :

Please submit by 15th and 30th each month to Cameron Innes: cam@otagowaterpolo.com

DATES	DESCRIPTION (Age Group)	COACHING HRS	RATE/HRS	AMOUNT
		0	\$24	\$ -
		0	\$24	\$ -
		0	\$24	\$ -
		0	\$24	\$ -
		0	\$24	\$ -
		0	\$24	\$ -
		0	\$24	\$ -
<b>TOTALS (DO NOT INPUT)</b>		<b>0</b>		<b>\$ -</b>

**INVOICE TOTAL \$ -**

**BANK ACCOUNT DETAILS:**

Coaches Signature

\_\_\_\_\_

I declare I am not GST registered and acknowledge that I am liable to declare any income received to the Inland Revenue Department for tax purposes.

