

# OTAGO

## Water Polo

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

**REFRING INVOICE**

DATE:  
 REFF NAME :  
 EMAIL:  
 ADDRESS :

Please submit weekly to admin@otagowaterpolo.com.

DATES	DESCRIPTION (Team/Tournament)	No. of Games	Secondary School		Intermediate		AMOUNT
			Ungraded RATE \$12	Graded RATE \$17	Ungraded RATE \$10	Graded RATE \$14	
		0					\$ -
		0					\$ -
		0					\$ -
		0					\$ -
		0					\$ -
		3					\$ -
		0					\$ -
<b>TOTALS ( DO NOT INPUT)</b>		<b>3</b>					<b>\$ -</b>

**TOTAL INVOICE**      \$      -

**YOUR BANK ACCOUNT DETAILS:**

Referee Signature

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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.

