



TO:

ASSISTANT COACH INVOICE

OTAGO WATER POLO

DATE :

Moana Pool

ASST COACHES NAME :

60 Littlebourne Road

EMAIL :

Roslyn, Dunedin 9010

ADDRESS :

Please submit by 15th and 30th each month to Administrator: admin@otagowaterpolo.com

DATES	DESCRIPTION (Age Group)	COACHING HRS	RATE/HRS	AMOUNT
		0	\$20	\$ -
		0	\$20	\$ -
		0	\$20	\$ -
		0	\$20	\$ -
		0	\$20	\$ -
		0	\$20	\$ -
		0	\$20	\$ -
		0	\$20	\$ -
TOTALS (DO NOT INPUT)		0		\$ -

INVOICE TOTAL \$ -

BANK ACCOUNT DETAILS:

Asst. 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.

