



TO:

OTAGO WATER POLO

Moana Pool

60 Littlebourne Road, Roslyn, Dunedin 9010

REFRING INVOICE

DATE:

REFR NAME :

EMAIL:

ADDRESS :

Please submit monthly to Administrator: 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	
		4		17			\$ 68.00
		2	12				\$ 24.00
		5			10		\$ 50.00
		0					\$ -
		0					\$ -
		3					\$ -
		0					\$ -
TOTALS (DO NOT INPUT)		14					\$ 142.00

TOTAL INVOICE \$ 142.00

YOUR BANK ACCOUNT DETAILS:

Referee 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.

