



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:

Kelly Mason-Wynne, Otago Water Polo Development Officer - kelly@otagowaterpolo.com

DATES	TIMES (i.e. 7:15- 8:45pm)	AGE GROUP	INPUT HRS	RATE/HRS	AMOUNT
			0	\$24	\$ -
			0	\$24	\$ -
			0	\$24	\$ -
			0	\$24	\$ -
			0	\$24	\$ -
			0	\$24	\$ -
			0	\$24	\$ -
			0	\$24	\$ -
TOTALS (DO NOT INPUT)			0		\$ -

INVOICE TOTAL \$ -

COMMENTS/APPROVALS BY:

BANK ACCOUNT DETAILS:

Assitant 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.