



TO:

## FLIPPABALL COACHES INVOICE

**OTAGO WATER POLO**

DATE :

Moana Pool

COACH 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](mailto: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	\$ -
<b>TOTALS (DO NOT INPUT)</b>			<b>0</b>		<b>\$ -</b>

**INVOICE TOTAL** \$ -

COMMENTS/APPROVALS BY:

BANK ACCOUNT DETAILS:

Flippaball Coaches Signature



I declare I am not GST registered and acknowledge that I am liable to declare any income received to