



# State Event Subsidy Claim Form

accounts@ponyclubqld.com.au

**Please note: Full state event subsidy to be paid on the approval of the event program & officials and the receipt of names of the members of the organising Committee.  
50% of the subsidy will be withheld until the judges list is approved.**

**Please tick box below for relevant event:**

**State Showjumping & Jumping Equitation** **Subsidy Amount: \$2,500**  
**Event Date:** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**State Dressage & Combined Training & Horse Trials** **Subsidy Amount: \$ 2,500**  
**Horse Trials Subsidy Amount \$ 3,000**  
**Event Date:** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**State FG, Sporting, Campdrafting, SC, MG** **Subsidy Amount \$ 2,500**  
**Event Date:** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Event Host: \_\_\_\_\_

Organising Secretary: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Payment will be made by EFT: Please complete below details. [ ] Details on File (tick if applicable)**

**Account Name :** \_\_\_\_\_ ( please print)

**BSB:** \_\_\_\_\_ **A/C No:** \_\_\_\_\_

**PCQ Authorisation:**

Authorised by: \_\_\_\_\_ Position: \_\_\_\_\_  
Print Name

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**PCQ OFFICE USE ONLY:**

Account Code	Description	\$	GST	N-T	FRE
9 - 4190	State Event -				
			GST	N-T	FRE
<b>TOTAL PAYMENT</b>		\$			\$

**Date Approved:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Approved by:** \_\_\_\_\_ **Date Paid:** \_\_\_\_/\_\_\_\_/\_\_\_\_