



## IPSCNSW Teams Members Reimbursement form

You must supply all receipts for your claims.

Name:

Your IPSC #:

Your Club:

The Team position that you were nominated for:

**Entry Fee:** (Early bird fee only)                      receipts              Yes / No              \$

**One National Dinner Ticket:**                              receipts              Yes / No              \$

**Total \$**

**Note:** Match entry will only be reimbursed if your National match score is at least a minimum 70% of the National Champions score.

Lodgements of reimbursement forms must be made within 28 days after the Nationals have finished. All reimbursement forms along with copies of your receipts should be sent to:

**IPSCNSW  
PO Box 586  
Blacktown NSW  
2148**

or you may email them to:

[sectioncoordinator@ipscnsw.org.au](mailto:sectioncoordinator@ipscnsw.org.au)

Signed:

Date:

