SASW Form 5

Victorian Showmen's Guild

SASWProgram@gmail.com

PO Box 36 ASCOT VALE VIC 3032

Showmen's Guild and Association

Application for REIMBURSEMENT for ELIGIBLE Rental Relief and Associated Eligible Expenses

Instructions

Ag Show Information

FORM 5 is to be completed by Showmen's Guild/Association to apply for reimbursement of Show Rental and approved eligible expense paid by Showmen and women at a Show held between **1 July 2021 to 31 May 2022**

Show Name			St	Show Date/s				
	Name of Show Society			Show Society Contact Person				
	Address		Co	Contact Phone Number				
	Please state the peak bodies you are affiliate with (ASA and/or State/Territory)		Co	ontact	Email			
		sed on the Ag Show So		d Guild / Association agreement. This information mu e most recent Show held (pre-Covid) =feet x \$per foot				
Rental		\$				per foot agreed rental as per		
)6	amping	\$			per van per night	or as per agreement		
)(ower	\$			per outlet as agre	ed		
۷	'ater	\$			per outlet as agre	ed		
)t	ther	\$			per specify			
àI	round Admin Fee	\$						
ડા	UB TOTAL	\$						
ì	ST	\$			If gst was paid			
OTAL PAID		\$						

Please generate an **invoice** for the above amount and send to:

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Evidence

Please attached Invoice to the VSG along with supporting evidence of payment including invoice/s, receipts, a record of the Showmen and women who participated at the Show and the rental and/or expenses paid, including ground administration fees.

This information is based on the Ag Show Society and Guild / Association agreement at the Show nominated above and must outline the specifics of the agreement and be comparable to the most recent Show held (pre-Covid).

Showmen's Guild or Association Information

Name	Address
Contact Name	Contact Telephone
Financial Institution	Contact Email
Account Name	ABN / ACN
BSB	Registered for GST?
Account Number	

Declaration

Please sign below to declare that the contents of this form are true and correct and in signing this form you confirm that knowing that an untrue declaration is an offence and may result in the parties being held accountable for untrue declaration and/or incorrect payments made with commonwealth funds.

Showmens Guild or Association										
Signature					Name					
	Signature of Showmen's Guild / Association representative			ciation		Name of Showmen's Guild / Association representative				
Signature					Name					
	Signature of Showmen's Guild / Association representative					Name of Showmen's Guild / Association representative				
Date of Signature										
	MM	DD	YY							

Privacy Statement

The Victorian Showmen's Guild is committed to protecting your privacy. You can read our privacy statement at victorianshowmensguild.com.au. We keep the information you provide secure and restrict its use to the Victorian Showmen's Guild office for the purposes of processing invoices and payments to administer the Supporting Agricultural Showmen and women rent relief program in 2021/2022 and 2022/2023.

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Example of Evidence

FULL NAME	MEMBER #	ABN	FOOTAGE / RENTAL	POWER	CAMP	OTHER	SUB	GST	TOTAL	GROUND ADMIN
	"		/ NEIVIAE				TOTAL			ASIVIII
ITINERANT TRADERS	/ NON-M	FMBFRS OPERA	TING WIT	HIN THE D	FFINED	AMUSE	MENT	ΔRFΔ		
THE TOTAL TO			ve Will			- TIMOSE				
TOTAL \$ \$								\$		

PLEASE ATTACH A COPY OF THE SHOW SOCIETIES RECIEPT TO THIS FORM

Please note: Ensure expenses are in accordance with agreement and reflect the most recent (pre-COVID) Show.