WAIMATE HIGH SCHOOL/SCD

RELIEF PAYMENT FORM

PLEASE ATTACH THIS FORM TO YOUR INVOICE

Date ___22 – 24 March 2010_____

Name of Teacher for whom relief was required_____

School _____

Actual relief cost incurred $_____

G.S.T. $_____

Total $_____

Are you receiving any other relief reimbursement?

Yes ☐ **No** ☐

Comments _____

_____

_____

Approved _____ Date _____

Payment _____

Paid _____ Date _____

Note: Only actual and realistic relief costs will be reimbursed. The maximum amount payable for a single days relief is $281.91