



# SOUTH AUSTRALIAN WATER POLO INC

Form B1

## Team Nomination (Summary)

RETURN FORM AND TAX INVOICE  
ABN: 30 154 276 949

CLUB: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

PHONE: \_\_\_\_\_

SEASON: \_\_\_\_\_ COMPETITION: \_\_\_\_\_

### Team:

First Team: \$160  
Second & subsequent \$65

	Grade	Fee	GST	Total
1		\$145.46	\$45.54	\$160.00
2		\$89.09	\$5.91	\$65.00
3				
4				
5				
6				
7				
8				
9				
10				
<b>TOTAL</b>				

This form MUST be accompanied by Form B2 for each team nominated.

### OFFICE USE ONLY

Date Received

Amount Paid

Cost Code

Sales Receipt/Tax Invoice