



ShowjumpingIreland

ShowjumpingIreland
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STIPENDARY STEWARDS' EXPENSES FORM

NAME OF STEWARD: _____

ADDRESS OF STEWARD: _____

TELEPHONE NUMBER: _____

SIGNATURE OF STEWARD: _____ DATE: _____

RSI NUMBER: _____

DATE OF SHOW DAY/MONTH/YR	NAME OF SHOW	MILAGE	PAYMENT DUE

TOTAL DUE =====

NOTE: This claim form should be submitted at the time of the return of the Report Form which is within three days of the completion of the Show.

Office Use

DATE OF RECEIPT: _____

AMOUNT DUE: _____

CHEQUE NO: _____