



# ASSOCIATION OF AUSTRALIAN BONSAI CLUBS LTD

ACN:115 230 861

## VISITING TUTOR PROGRAM DEMONSTRATOR PRE-PAYMENT OF TRANSPORT FEES REQUEST FORM

*To be completed by the requesting Demonstrator*

Demonstrator Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number (Bus) \_\_\_\_\_ (A/Hrs) \_\_\_\_\_

Club Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Type of Activity      Demonstration       Workshop

Dates Required:      From \_\_\_\_\_ To \_\_\_\_\_

Mode of Transport      Air       Pre-Prepayment Amount \$ .....

*Please provide original paid invoices with this request. (Note: only Air fares are eligible for pre-payment)*

### Condition of Pre-payment

In the event that the VTP activity is cancelled or postponed for more than 3 months by the Club then all monies paid by the AABC Ltd will be refunded by the Club (the Demonstrator will provide a copy of the signed form to the club for their reference to their potential liability).

In the event that the VTP activity is cancelled or postponed for more than 3 months by the Demonstrator then all monies paid by the AABC Ltd will be refunded by the Demonstrator.

All Demonstrators requesting pre-payment are obliged to sign an acceptance to this requirement before the pre-payment will be paid by the AABC Ltd.

*I the above, in requesting Pre-payment of Air Fares, for the value as shown in the supporting documentation, hereby accept the above conditions and will return all monies in the event of the VTP activity being cancelled or postponed in excess of a period of three (3) months).*

\_\_\_\_\_  
(Demonstrator's Signature)

\_\_\_\_\_  
(Demonstrator's Printed Name)

\_\_\_\_\_  
(Date)

### To be completed by the AABC Ltd

Approved       Not Approved

Secretary

(1<sup>st</sup> Approving Officer)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

Treasurer

(2<sup>nd</sup> Approving Officer)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

AABC Ltd Cheque Number: \_\_\_\_\_ VTP Approved Referenced No: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_