



Combined Independent Schools Sports Council

Level 12, 99 York Street, Sydney NSW 2000
Phone (02) 9299 2845 Fax (02) 9290 2274
Web <http://cis.aisnsw.edu.au> Email ljesse@aisnsw.edu.au
ABN 31 622 432 633

**RECIPIENT CREATED INVOICE (No ABN)
SPORTING EVENT ASSISTANCE**

Section A: Supplier Details

Name

Address Post Code

Phone # Email

CIS Event: Pri Sec Girls Boys **Date:**.....

Role at Event: Selector Ref/Ump Uniform Official Timekeeper Carnival Official Admin

NB Payments will be only be made into bank accounts. Please supply this information below: The amount will be paid into the nominated bank account with the reference: **CIS-Surname-Sport.**

BSB _____ - _____ Account Number _____ Bank _____

Account name _____

Your reason for not quoting an ABN? (tick all that apply)

The payment does not exceed \$75, excluding any goods and services tax (GST)

The supplier is an individual and is providing CIS with this declaration that the supply:

- is made in the course or furtherance of an activity done as a private recreational pursuit or hobby
- wholly of a private or domestic nature (from the suppliers perspective)
- The supply is made by an individual without a reasonable expectation of profit or gain.
- The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
- The whole of the payment is exempt income for the supplier .

Section B: Declaration

Under pay as you go (PAYG) legislation and guidelines administered by the Tax Office, the named supplier is not quoting an ABN for the current supply of goods or services for the reason/s indicated.

Signature

Please forward to: Lyndall Jesse
Email: ljesse@aisnsw.edu.au

I approve the payment of the amount of \$.....to the person above

Name: _____ **Signature:** _____

Office Use Only: **Account:** Sport Levy

Approved: _____ Date: _____

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