

**TOWNSVILLE SCHOOL SPORT**

 **Attention: Toni Wilson**

 **Townsville West State School**

**Email: twils129@eq.edu.au**

**2023 TRS CLAIM FORM FOR**

**DISTRICT AND REGIONAL SPORTS CARNIVALS**

***This Form may be completed by teachers (especially Phys. Ed.) who are required to assist:***

1. At Townsville Athletics/Swimming Carnivals on days when their own School **is not competing.**
2. On exceptional occasions when the teacher is required to be released. (Prior approval is required.)
3. As a Townsville/Thuringowa Coach or Manager at Northern Regional Trials.
* **TRS costs will be reimbursed according to the current DOE rate each semester.**
* **Costs will not be reimbursed unless this claim form is submitted.**

TEACHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARNIVAL/SPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE(S) CLAIMED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL DAYS CLAIMED \_\_\_\_\_\_\_\_

 **PRINCIPAL’S CLAIM**

I hereby make application for TRS funding from TSS for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for \_\_\_\_\_ days.

(Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Principal / Business Manager)

***Please Note: Individual schools are to organise relief teachers and initially pay for such release out of school funds. Schools will be reimbursed at the end of each semester.***

* ***Claims should not be submitted if the staff member above was not replaced.***

**PAYMENT DETAILS**

**(To be completed by TSS Officials)**

Approved Not Approved (List Reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 days at $ per day Total $

Paid on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_