



PENINSULA

MORNINGTON PENINSULA ATHLETIC CLUB

Formerly Peninsula Road Runners Inc.

REIMBURSEMENT CLAIM FORM

Date reimbursement requested:

Name of person requesting the reimbursement:

Amount requested:

\$ _____

Date of original expenditure:

Purpose / Description of expenditure:

Authorisation: (Must be signed by two current bank signatories)

Signed: _____

Signed: _____

Name: _____

Name: _____

Date: _____

Date: _____

Payment details:

Method
(circle one)

Cash

Cheque

EFT transfer

Reference: _____

Date: _____