



Claim for reimbursement of approved expenses

When complete, send to NAM Treasurer:

Colin Irvine
32 Briarfield
Washington
NE38 8RX

Name of Claimant.....

Address.....

Date	Reason for expense	£	p
Total claimed			

Bank Details for Reimbursement *(If this section is not completed reimbursement will be by cheque)*

Account Name

Account Number

Sort Code

I certify that these costs were incurred by me on behalf of Northumbria Advanced Motorcyclists.	
Signature of Claimant.....	Date.....
Approved by	
Name.....	Signature.....
Date.....	

Claims to be approved by the Chairman, Treasurer or Secretary. Rideout claims may be approved by the Rideout Coordinator.
(Receipts for expenses to be attached to the form when claim submitted)