



Claim for reimbursement of Observer's expenses

When complete, send to NAM Treasurer:

David Baston
43 Newburgh Avenue
Seaton Delaval
NE25 0JP

Name of Claimant.....

Address.....

Please indicate type of ride: **Check, Refresher, Taster, Nat.Obs Trng**

Date	C/R/ T/N	Details	£	p
Total claimed				

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

Account Name

Account Number

Sort Code

<p>I certify that these costs were incurred by me on behalf of Northumbria Advanced Motorcyclists.</p> <p>Signature of Claimant.....Date.....</p> <p>Approved by</p> <p>Name.....Signature.....</p> <p style="text-align: center;">Date.....</p>	
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Claims to be approved by the Chief Observer
(exceptionally by Group Chairman, Treasurer or Secretary).