

Wellington Mountain Bike Club Inc PO Box 5196

PO Box 5196 Lambton Quay Wellington, 6145

wmtbc@wmtbc.org.nz

Expense Claim Form

Please fill in all details below to be reimbursed any official WMTBC expenses paid by your personal bank account. Expense Claim Forms need to be presented to the WMTBC Committee for approval prior to reimbursement. Make sure you attach all receipts.

Name:						
Bank:						
Account number:						
Date:						
		2	Signature:			
Purchase Da	Item description &	where purchase v	was made	Expense type (i.e. Shuttle da)	e y 11/08/12)	Amount
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL	\$
Receipts attached If you need more space, please attach another form.						
OFFICE USE ONLY						
APPROVED BY: WMTBC President WMTBC						
or Se	cretary	-		Treasurer	_	
Select acco	unt: WMTBC Mi	amar Broo	klyn)ate	