

**WAIKATO OFFROAD RACING CLUB  
EXPENSE REIMBURSEMENT FORM**

Name: \_\_\_\_\_  
Date of purchase: \_\_\_\_\_  
Description of purchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for purchase: \_\_\_\_\_  
\_\_\_\_\_  
Amount of purchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Total reimbursement

*Please attach copies of all receipts/invoices*

Passed at meeting: \_\_\_\_\_  
Signed by committee member: \_\_\_\_\_

**Bank details for reimbursement to be deposited:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_