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| RACE Letterhead TOP.jpg |  |  |
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 |  | **Reimbursement Claim form** |
|  |  |  |
|  |  | **Rider Details** |
|  |  |  |
|  |  | Name:  |
|  |  |  |
| Post: 67 Raglan Street, White Hills Vic 3550 Email: gstucken@bigpond.net.au | Total amount for reimbursement: |
|  |  |  |
|  |  $ |
|  |  |  |
| **Cheque Reimbursements will be done monthly (subject to funds)****\*\*\* Direct Bank Payments will be processed sooner (subject to funds)** |  |
| **Reimbursement Claim forms must be submitted with all claims – please list full cost of entry** |  |
| ***Please submit claims prior to monthly meeting held on third Monday of month (usually)*** |
|  |  |  |
| **Date** | **Details of Race** | **Amount for Reimbursement** |
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|   | **Total** |  -  |
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| **For direct deposit** |  |
| BSB: |   |  |
| Account number: |   |  |
| Account name: |   |  |
| Email address: |   |  |
|  |  (for direct deposit notification) |  |