

**LOCAL AECG**

**Authorisation for Payment**

Name of Claimant: ………………….…………………………….…

Address: ………….…………………………………………………..

Region: …………….…………………………………………………

Claimant’s Local AECG: ...………………………………………….

Reason for Claim: ……………..…………………………………….

…………………………………………………………………………

Amount Claimed: $ ……………..………………………………......

Claimant’s Signature: ……………...………………………………..

**Signatures**

President name …………………….Signature…………………….

Treasurer name…………………….Signature…………………….