

**REGIONAL AECG**

**Authorisation for Payment**

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

Address: ………….…………………………………………………..

Claimant’s Regional AECG:...………………………………………

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

…………………………………………………………………………

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

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

**Signatures**

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

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