



Claim Form for GP North Sponsorship: FRACGP Certificate Framing

To: General Practice North
PO Box 632
Launceston Tas 7250
Email: officegpnorth@gmail.com

Date of claim:/...../.....

*GP North Member Name:

Email:

**If not already a GP North member, please complete and attach a GP North membership application form (available on GP North website gpnorth.org.au).*

FRACGP Details:

Date FRACGP obtained:/...../.....

Payment receipt attached: (up to \$250 will be reimbursed)

Details for payment

Electronic Banking Details:

Account name: _____

BSB: _____

Account Number: _____

<p>Approved by GP North Committee: ____ / ____ / ____</p> <p>Amount paid: \$ _____</p> <p>Date processed: ____ / ____ / ____</p> <p>Account Codes: _____</p> <p>Financial Controller Signature: _____</p>
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