COLUMBIA RIVER YACHT CLUB

Expense Reimbursement Form

Event Name: Event Date:

Member Name: Member #:

Reimbursement Check (select one): ☐ Pick Up Check ☐ Mail Check

Mailing Address:

Please attach your receipts and submit this form to the Club office within 30 days of purchase.

Company	Description	Amount
	Total:	

FOR OFFICE USE

PERSON AUTHORIZING REIMBURSEMENT

Print Name: Signature:

REIMBURSEMENT INFORMATION (ACCOUNTING)

Date Paid: Signature: