

(Fill out this form when requesting reimbursement for club-related expenses.)

KSC Expense Reimbursement Form

Date: _____

Name: _____ Director: Yes / No

Phone Number: _____

Email: _____

Mailing Address: _____

Category of Expenses:

Fleet [] Sailing [] Site [] Social [] Training []

Other [] Specify: _____

List of Expenses: (Date, Item, Cost)

Date	Item	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ **Total Amount \$** _____

Attach receipts before submitting, and if mailing send to:

Purser
Kanata Sailing Club
P.O. Box 72016
Kanata (ON)
K2K 2P4

Thank you for volunteering to help the Club. Please make your claim quickly to make the purser's job easier. Your continued cooperation will be greatly appreciated.

FOR OFFICE USE ONLY

Cheque #: _____ Cheque Amount: _____

Cheque Date: _____ Issued by: _____

Recorded in KSC Account # _____