

San Juan Island Sailing Foundation Expense Reimbursement Form

PURPOSE: _____

PERIOD EXPENSES WERE INCURRED:

From _____
To _____

REIMBURSEE INFORMATION:

Payee to be reimbursed: _____

I affirm the following amounts reported are accurate.

Signature: _____

Mailing address: _____

Phone Number: _____

(Include receipts or other proof of purchase. Distinguish receipt line items not to be included in the refund amount.)

Item #	Date	Description	Receipt Provided (Y / N)	Fuel	Meals	Travel	Other	Total
1								\$ -
2								\$ -
3								\$ -
4								\$ -
5								\$ -
6								\$ -
7								\$ -
8								\$ -
9								\$ -
10								\$ -
11								\$ -
12								\$ -
13								\$ -
14								\$ -
15								\$ -
16								\$ -
17								\$ -
18								\$ -
19								\$ -
20								\$ -
21								\$ -
								\$ -

For Office Use Only

Note: The person being reimbursed can not be the same person signing the check or this reimbursement must be approved by the board and recorded in meeting minutes.

APPROVED: Signature: _____

Print Name: _____

NOTES: _____

Subtotal	\$ -
Less Advance Payment	
Less Donation Deduction	
Total to be reimbursed	\$ -

Reimbursement Check Number: _____

Date of check: _____

Amount of check: _____