

(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.

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### FOR OFFICE USE ONLY

Cheque #: \_\_\_\_\_ Cheque Amount: \_\_\_\_\_

Cheque Date: \_\_\_\_\_ Issued by: \_\_\_\_\_

Recorded in KSC Account # \_\_\_\_\_