

Reimbursement Request



Candlewood Yacht Club
 PO Box 5074
 Brookfield, CT
 06804
www.candlewoodyachtclub.org

Name*:	
Phone:	
Address if recently changed:	
Date*:	

**These items are required as is completing at least the first line below.*

Please use this form when requesting reimbursement for single or multiple receipts. Draw a line through personal items on receipts. Provide a total on this form for just CYC items to be reimbursed. One line for no more than one charge area. Number items or groups of items on the receipt to correspond to Rcpt # below. If Area and Type are written on the receipt, select "See Receipt". Email images of the receipts to treasurer@candlewoodyachtclub.org and reference this form.

Area	Item/Used for	Type	Rcpt #	Expense Amount
Total Reimbursement				

I promise that this request complies with CYC policy and budget.

*Signature (or type name)	
Authorized By (optional):	

After saving, email to:
treasurer@candlewoodyachtclub.org

Internal Use Only-Form V2.3

Amount Paid	Check No.	Date