

SAMMAMMISH ROWING ASSOCIATION

REIMBURSEMENT REQUEST

DATE: _____

Your name and mailing address:

Attach receipts to this form. Requests will be processed by the treasurer.

DATE	ITEM PURCHASED	PURPOSE	AMOUNT
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL AMOUNT REQUESTED = _____

For Office Use Only
Date reimbursement issued _____

Date received _____
Check # _____

Reimbursement requests must be received within 60 days of purchase. Reimbursement requests received after this time may not be eligible for reimbursement.