

## Expense Reimbursement Form

Item	Description	Purpose	Account Category	Date of Purchase	Cost
1					
2					
3					
4					
5					
				Total	

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

1. Please **mail reimbursement form** and documentation to the above address.
2. **Tape/paperclip receipts to the reimbursement form. Original receipts are required** for a reimbursement.
3. Payments will generally be remitted within 14 days.
4. Questions: [accounting@bainbridgerowing.org](mailto:accounting@bainbridgerowing.org)

Expenses approved by the board. Yes or No \_\_\_\_\_ Date of Approval: \_\_\_\_\_

If No, Explain: \_\_\_\_\_ Approved By: \_\_\_\_\_

## Account Categories

<b>Advertising</b>	<b>Continuing Education</b>	<b>Dues &amp; Subscriptions</b>
<b>Fuel</b>	<b>Food &amp; Beverages</b>	<b>Licensing &amp; Permits</b>
<b>Postage &amp; Printing</b>	<b>Regatta &amp; Coaches Expense</b>	<b>Repairs &amp; Maintenance</b>
<b>Supplies</b>	Specify:	<b>Fundraising: Specify</b>
<b>Office</b>	Masters or Juniors	General * Dream Big*
<b>Meetings</b>	Program or Regatta	Rowing Center