

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

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

If No, Explain: _____ Approved By: _____

Account Categories

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