


SANTA MONICA WINDJAMMERS YACHT CLUB
EVENT REPORT & REQUEST FOR REIMBURSEMENT FORM

Name: _____ Today's Date: _____

Event/Activity: _____ Event/Activity Date: _____

Account/Committee: _____ Phone#: _____

INCOME:	Cash	Check	Pay Pal	Total:
Tickets/Entry fees				
Meals				
Merchandise				
TOTAL:				

PLEASE BE SURE TO ATTACH ALL INCOME DETAILS

EXPENSES:	Amount:
Expense Description:	
TOTAL:	

PLEASE BE SURE TO ATTACH ALL EXPENSE RECIEPTS

REIMBURSEMENT CHECK PAYABLE TO: _____

REMIT ADDRESS: _____

PLEASE NOTE:

- Members must be in good standing in order to receive reimbursement
- Forms must be approved by Event Chair or Board member in charge of event
- Receipts must be received within 30 days of event date or expense date or reimbursement may be denied.

MEMBER SIGNATURE: _____

APPROVALS: _____

Name Date

Event Chair/Board Member Date

PLEASE PLACE IN TREASURER BOX FOR FINAL SIGNATURE

Treasurer Date