



Half Moon Bay Yacht Club

Request for Reimbursement

Today's Date: _____ Amount Requested: _____

Your Name: _____ Day Phone: _____

Mail Check To: _____

City: _____ State: _____ Zip: _____

1. Item(s) purchased (be specific):

Date Purchased	Vendor	Purpose	Amount
total			

2. Write in amount to be charged against the following Budget line item(s):

Bar		Advertising		Sailing Activity**		Commodore's Ball	
Food		Membership		Regatta		Crab Fest	
Events*		Newsletter		Sailing Instruction ***			
		Maintenance				Other Fund Raiser	

* Please specify which event

**Please specify type of Sailing Activity: Boat, Dock or Other

***Please specify type of instruction: Youth, Adult or Other

NOTES:

Signature of Approving Board Member: _____ Date: _____

Please Attach Receipts
Please submit receipts for reimbursement within 30 days of expenditure.