

Paid
Check #
Delivered

CAPE COD SAIL AND POWER SQUADRON, INC.

MEMBER EXPENSE REIMBURSEMENT FORM

REQUESTED BY: _____

TELEPHONE: _____

DATE OF EXPENSE: _____

AMOUNT OF EXPENSE: _____

CCSPS Department: _____

Activity or Program: _____

Description: _____

Submission Date

Signature

DATE OF APPROVAL BY EXECUTIVE COMMITTEE (if not budgeted): _____

[Attach receipts to the back of this form and submit to treasurer.]