

**ROSE CITY YACHT CLUB
REIMBURSEMENT VOUCHER**

DATE _____

For reimbursement of funds paid out:

Activity or purpose of expenditure: _____

Date Held _____

Itemization of ORIGINAL receipts attached:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

Expenditure approved by: _____

Make check payable to: _____

Signature _____

Mail completed voucher to:
Rose City Yacht Club
c/o Balance Your World Bookkeeping
7420 S. W. Hunziker Rd. Suite F
Portland, OR 97223