

**ROSE CITY YACHT CLUB
REIMBURSEMENT VOUCHER**

DATE _____

For reimbursement of funds paid out:

Activity or purpose of expenditure: _____

Date Held _____ **Purchase Authorized by** _____

Itemization of ORIGINAL receipts attached: Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL _____

Make check payable to: _____

Signature _____

Scan the form and your receipts. Save as pdf files if possible. E-mail the forms to Karen Jacobson at karenj@bray-cpa.com If you do not have a scanner, mail the form and original receipts to Karen Jacobson, Bray & Associates, Ivey Jacobson Group, 1980 Willamette Falls Drive. Suite 200, West Linn, OR 97068. Karen will scan and forward all to the bookkeeping service for payment.

NOTE: For reimbursement to be approved for payment, you must submit your receipts and expense voucher within twelve (12) months of incurring the expense.

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