

**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,
P. O. Box 23699, Tigard, OR 97281-3699