

# PIERPONT BAY YACHT CLUB



## EXPENSE CLAIM FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If check is to be mailed, please provide address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Event: \_\_\_\_\_

| Items Purchased                                   | Expense Account | Amount           |
|---|-----------------|------------------|
|   |                 |                  |
|   |                 |                  |
|   |                 |                  |
|   |                 |                  |
|   |                 |                  |
|   |                 |                  |
| <i>Additional items may be listed on the back</i> |                 | <b>TOTAL DUE</b> |

Signature: \_\_\_\_\_

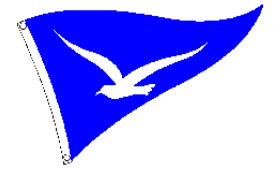
Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Flag Officer*

**TREASURER**

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

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|   |                 |                  |
|   |                 |                  |
|   |                 |                  |
|   |                 |                  |
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Signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Flag Officer*

**TREASURER**

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_