

United States Power Squadrons
Sail and Power Boating
District 9

Reimbursement Request

TO: District 9 Treasurer

Home Phone:

Cell Phone:

Fax:

Email:

Name:

Address:

City, State, ZIP:

Telephone:

Date of Request:

Email:

Office/Committee:

Date	Purchased From	Description	Amount	Budget Category	Budget Year
TOTAL DUE:					

TOTAL DUE:

Bridge Officer Approval:

ATTACH ALL RECEIPTS FOR PAYMENT.

For payment of an invoice, attach the original invoice. Unless otherwise indicated in the comments section below, the check will be directly sent to the vendor.

Comments: _____

Check # _____ Within Budget? _____