SAILING CLUB OF ORIENTAL

P.O. Box 525 Oriental, NC 28571 Reimbursement Request Form

Name: _____ (make check out to) Address: City: ______ State: ____ Zip: _____ ATTACH EACH: Credit Card and / or Register Receipt. (Please submit as soon as possible) EVENT: Vendor: What for?: \$ Vendor: ______ What for?: _____ \$ _____ Vendor: ______ \$ _____ EVENT: _____ Vendor: ______ \$____ Vendor: ______ What for?: _____ \$ _____ Vendor: ______ \$ _____ Vendor: ______ \$ _____ Total Amount Requested: \$ _____ Signature: _____ Date: _____ ----- (For Treasurer's Use Only) ------SCOO check # _____ Date mailed / reimbursed: _____

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City:	State:	Zip:
ATTACH EACH: Cre (Please submit as so	dit Card and / or Register Receipt.	
EVENT:		
Vendor:	What for?:	\$
EVENT:		
Vendor:	What for?:	\$
Tota	al Amount Requested: \$	
Signature:		Date:
	(For Treasurer's Use Only)	
SCOO check #	Date mailed / reimbursed:	