

## 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: \_\_\_\_\_ What for?: \_\_\_\_\_ \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ What for?: \_\_\_\_\_ \$ \_\_\_\_\_

EVENT: \_\_\_\_\_

Vendor: \_\_\_\_\_ What for?: \_\_\_\_\_ \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ What for?: \_\_\_\_\_ \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ What for?: \_\_\_\_\_ \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ What for?: \_\_\_\_\_ \$ \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

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

----- (For Treasurer's Use Only) -----

SCOO check # \_\_\_\_\_ Date mailed / reimbursed: \_\_\_\_\_

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