



NORTH STAR SAIL CLUB

EXPENSE REIMBURSEMENT FORM

Please submit this form for approval **BEFORE** incurring any expense, if possible. The appropriate Officer must approve all expenses.

Member Name: _____

Member Signature: _____

Address: _____

Telephone: _____

Amount: **\$** _____

Vendor: _____

Description: _____

Responsible Officer/Director: _____

Account Description: _____

Signature of Officer/Director: _____

(Certifying that proposed expenditure is within budgeted amount).

Signature of Treasurer/Commodore: _____

(Required if proposed expenditure is not budgeted or over budget)