Lake Washington Sailing Club
Reimbursement Request

Receipt Required and Must be Attached

Requestor
(Please Print) _____

Purpose _____

Date Purchased _____

Date Submitted _____

Paid by Check # _____

Please Complete

Number of Items Purchased	Description	Cost per Unit	Total
		Subtotal	
		Tax	
		Total	

I affirm that the items purchased were for the exclusive use of the Lake Washington Sailing Club

Signature _____