



St. Paul Sail & Power Squadron Inc.



Send to:
Lt/C Greg Holmen AP -Treasurer
1031 Sunrise Drive
Woodbury MN 55125-9200

EMAIL:
captgreg@manatee.ws

EXPENSE REIMBURSEMENT REQUEST

Department: _____ (CDR, EXEC, SEO, ADMIN, SEC, TREAS)

OFFICER NAME _____

ADDRESS _____

Purpose of expense: _____

Date of Expense	Description	Budgeted Amount	G/L CODE		Total
Column Totals					
Subtotal					
Less Amount Donated					
Less Prior Amount Rec'd					
Total due					

Claimants Signature: _____

Date: _____

DEPARTMENT OFFICER APPROVAL _____

Date: _____

Original Receipts must accompany Expense Form or it will not be processed.