

## Manatee Sail & Power Squadron Expense Reimbursement Request Form



Event/Item:	
Name:	
Street Address:	
City, State, Zip	
Phone Number:	

Item or Purpose	Expense	Make Check Payable to:
		_____
		_____
		Signature & Date
<b>Total Amount Requested</b>		

Note: Receipts are required with this reimbursement request. Submit request to MSPS Treasurer.

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