

PERSONAL CLAIM



PLEASE PRINT

CLAIMANT: _____

DATE: _____

ACTIVITY / EVENT: _____

| CATEGORY | PURCHASE / EXPENSE | SALE / REVENUE |
|----------------------------|--------------------|----------------|
| Calendar | | |
| Clubhouse/Deck Maintenance | | |
| Courier/Postage | | |
| Dock Maintenance | | |
| Donations / Raffles | | |
| Dues/Fees | | |
| Entertainment | | |
| Liquor/Bar Supplies | | |
| Liquor Permit | | |
| Miscellaneous | | |
| Office | | |
| Reciprocal | | |
| Regalia | | |
| Roster | | |
| Social Event | | |
| Travel | | |
| Other – PLEASE SPECIFY | | |
| TOTAL | | |

SIGNED: _____

PURCHASE/EXPENSE CLAIMS MUST HAVE RECEIPTS ATTACHED

PAID BY CHEQUE #: _____

DATE: _____