ARLINGTON ROWING ASSOCIATION EXPENSE REIMBURSEMENT REQUEST

Name: _____ Date Submitted: _____

Amount Requested: _____ Check Number: _____

Approved By 1: _____ Approved By 2: _____

Date Paid: _____ Paid By: _____

Detail of Expenses to be Reimbursed (attach receipts to this form):

ITEM DATE	PROGRAM INCURRING EXPENSE	EXPLAIN EXPENSE	AMOUNT
		TOTAL AMOUNT REQUESTED	