

NEWPORT YACHT CLUB
MEMBER REQUEST FOR REIMBURSEMENT - ITEMIZED
Attach All Receipts

Reimburse Payment to:		Telephone:	Date:	
Address:		Email:		
City, ZIP:				
Date of Purchase	Name of Retail Company	NYC Officer/ Expense Acct	Event - Item(s)	Amount
	Total Reimbursement			\$0.00
<p>Mail to: Ted Horvath, NYC Treasurer - 496 Smith Road, Pittsford, NY 14534 or e-mail to: thorvath2@rochester.rr.com ATTACH ALL RECEIPTS</p>				
Office use only:				
Date Paid:		Check # :		Initials: