



REIMBURSEMENT REQUEST FORM

Rev. 01-01-2016v1.1

Today's Date:	
Name:	
Mailing Address:	
City, State, Zip Code:	
Phone Number:	
Email Address:	
Approved by* (if >\$100):	

Category:	<input type="checkbox"/> New Equipment <input type="checkbox"/> Food/Drinks*(no alcohol allowed)
	<input type="checkbox"/> Maintenance/Repair <input type="checkbox"/> Publicity/Sponsorship
	<input type="checkbox"/> General Supplies <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Boat Supplies, Maintenance & Repair
Related Event or Practice Site:	

Date of Receipt:	Description of Expenditure (if not on receipt(s))	\$ Amount
TOTAL:		

PLEASE TAPE DOWN OR SCAN ALL RECEIPTS ON SEPARATE PAGE TO SUBMIT WITH REIMBURSEMENT FORM REQUEST.

Submit to: CDBA Treasurer 268 Bush Street #888 San Francisco, CA 94104 OR email to treasurer@cdba.org	Thank you for your involvement with the CDBA. NOTES*: 1) Expense >\$100.00 requires email approval prior to expenditure of funds by either CDBA President, VP of Operation, VP of External Affairs or Treasurer 2) Purchase of alcohol is NOT reimbursable per non-profit tax law. 3) Reimbursement checks are issued once a month. Depending upon date of receipt of Reimbursement Form and supporting receipts, please allow 2-4 weeks.
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