



WET PANTS SAILING ASSOCIATION



CHECK/PAYMENT REQUEST FORM

REQUESTOR _____ DATE _____

CHECK MADE OUT TO _____

ACTUAL/ESTIMATED CHECK AMOUNT _____

Please check appropriate application

PARTY EXPENSE _____ *A* BOAT REPAIR _____ *M*

PORT O'CALL MAINT _____ *M* REGATTA FEE _____ *A*

TROPHY/AWARD _____ *T* CLASS REFUND _____ *S*

MEMBERSHIP REFUND _____ *A* INSURANCE _____ *A*

REGATTA FOOD _____ *P* DEPOSIT _____ *A*

TEE SHIRTS _____ *S* MISC IN HOUSE EVENT _____ *P*

OTHER _____

- PLEASE PROVIDE RECEIPTS WHEN REQUESTING REIMBURSEMENT
- CHECKS REQUESTED IN ADVANCE MUST HAVE ESTIMATED TOTAL
- ALL PAYMENTS MUST BE APPROVED BY FLAG OFFICER

CHECK DISBURSEMENT:

SUBMIT CHECK REQUEST TO JOE COOK, 19 BARTLEY LANE, WEST SAYVILLE, NY 11796 OR COOKREF@AOL.COM

CHECKS WILL BE AVAILABLE AT THURSDAY NIGHT MEETINGS OR CAN BE MAILED OR PICKED UP FROM ME AT HOME. IF MAILING PLEASE PROVIDE MAILING ADDRESS ON REVERSE SIDE.

PLEASE ITEMIZE MIXED RECEIPTS ON REVERSE SIDE.

AUTHORIZED BY _____

DATE _____

AMOUNT PAID _____

CHECK # _____



