



COLD SPRING HARBOR ROWING ASSOCIATION

PO BOX 214

Cold Spring Harbor, NY 11724

EXPENSE REIMBURSEMENT FORM

Date: _____

Payee: _____

Requested by (signature): _____

Amount to be reimbursed: \$ _____

Description & Purpose of Expense: _____

Attach receipts here:

For CSHRA Use Only:

Payment made on _____ by check number _____

CSHRA Officer