



CBC PARENT ASSOCIATION EXPENSE FORM

REGATTA/EVENT: _____

SUBMITTED BY (NAME): _____

DATE SUBMITTED: _____

Please attach your Receipts and submit Expense Form within 2 weeks of incurring the expense. You may scan document and email or mail the form.

DATE	DESCRIPTION OF EXPENSE	AMT PAID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL EXPENSES WITH THIS SUBMISSION: \$

REIMBURSEMENT CHECK SHOULD BE MAILED TO: _____

If donating these items, Thank you. Please still send the information for team records and use in future planning.

PLEASE SUBMIT FORM WITH RECEIPTS ATTACHED TO PA TREASURER:

Laura Geffs

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203-249-1707

