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CAPE COD SAIL AND POWER SQUADRON, INC.
MEMBER EXPENSE REIMBURSEMENT FORM

REQUESTED BY: John Leyton

TELEPHONE: 508.243.9045

DATE OF EXPENDITURE: 10/5/2009

AMOUNT OF EXPENSE: \$53.25

CCSPS Department: Education

Activity or Program: Weather Seminar

Description: Flyers for WX Seminar on 10/5/2009 held at the C-O-MM

10/15/2009
Submission Date

John Leyton Sr.
Signature

DATE OF APPROVAL BY EXECUTIVE COMMITTEE (if not budgeted): _____

[Attach receipts to the back of this form and submit to treasurer]