



SCYC Cruising Program

Reimbursement Request Form (must be received before October 1 of the same cruising year)

Name:

SCYC Member Number:

Phone:

Email:

Cruising Details for April 1 – September 30 inclusive only

Boat Name LOA	Date	Marina	Amount Paid for Moorage, power, water

Total Reimbursement Requested	
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SUBMIT to treasurer@scyc.ca

NB. ATTACH SUPPORTING RECEIPTS/INVOICES FOR MOORAGE/POWER/WATER ONLY

Signature:

Date:

E transfer details:

Administration Use

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Date received

Amount approved

Date Sent