

Queen Charlotte Yacht Club Inc.

Claim Form

Name _____ Date _____

Reimbursement / Refund / Goodwill Payment
(Please circle one)

Reason for Payment
(if reimbursement, please attach receipts) :

Amount Owing \$ _____

Authorisation for Payment

_____	_____	_____
Name	Position	Signature
_____	_____	_____
Name	Position	Signature

Date Paid _____ Cheque No _____