

EXPENSE REPORT

MBIYC	Name:
Use Only	Address:
Date Pd:	City, State Zip:
Amt Pd:	Phone:
Chk #:	E-Mail:

Statement Date:	
PO Number:	

Middle Bass Island Yacht Club
 PO Box 81
 Middle Bass Island OH 43446



EXPENSE REPORT

Date	Account	Description	Amount
Member's Signature: _____		Sub-Total	
Approved By: _____		Subtract Advances Received	
Advertisement - Contract Labor - Entertainment - Events - Licenses/Permits - Maintenance - Meetings - Other - Postage - Printing - Professional Fees - Ship's Store - Supplies - Tools - Transportation - Utilities			TOTAL TO BE REIMBURSED

Enter in the Account column a choice from the above list.