

REQUEST FOR REIMBURSEMENT

Indianapolis Rowing Center

Date of Request: _____

Payable To: _____

Mailing Address: _____

Expense Details

Date	Expense Description/Regatta	Amount (\$)	Receipt? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount: \$_____

To be reimbursed please email Exec@IndyRowing.org the completed form with all receipts. Please allow 1-2 weeks for processing.