

**TAMPA BAY MARINERS CLUB, INC.**  
A FLORIDA NOT FOR PROFIT CORPORATION

**2023 EXPENSE REIMBURSEMENT FORM**

PLEASE MAIL THIS FORM WITH THE ORIGINAL RECEIPTS (MAKE COPIES FOR YOURSELF) TO:

**TAMPA BAY MARINERS CLUB, INC**  
**C/O Jennifer E. Seipel, Esq., Purser**  
**P.O. Box 13255**  
**Tampa, FL 33681-3255**

RECEIPTS ATTACHED:

<u>DATE:</u>	<u>DESCRIPTION:</u>	<u>AMOUNT:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL RECEIPTS:		\$ _____

CHECK TO BE MADE OUT TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICER APPROVAL: \_\_\_\_\_

SIGNATURE

\_\_\_\_\_ TITLE

\_\_\_\_\_ DATE

DATE PAID: \_\_\_\_\_

CHECK #: \_\_\_\_\_

PURSER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_