



# Tri-City Young Marines

2839 W. Kennewick Ave., #155, Kennewick, WA 99336-2927

[www.tcym.us](http://www.tcym.us)

## Expense Reimbursement Request Form

Date: \_\_\_\_\_

Person requesting reimbursement: \_\_\_\_\_

Activity associated with Expense: \_\_\_\_\_

\_\_\_\_\_

| Item | Description of Expense | Receipt Attached? | Amount |
|------|------------------------|-------------------|--------|
| 1    |                        |                   |        |
| 2    |                        |                   |        |
| 3    |                        |                   |        |
| 4    |                        |                   |        |
| 5    |                        |                   |        |

**TOTAL AMOUNT TO BE REIMBURSED:** \_\_\_\_\_

I certify that the information provided above is correct and that I have not received reimbursement from any other source for the expenses listed above.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

Authorization for Reimbursement\* given by:

\_\_\_\_\_  
Commanding Officer

\_\_\_\_\_  
Date

\*In the event CO is being reimbursed, XO authorizes reimbursement.

Form PM-ERRF 7-07