



SHINNECOCK YACHT CLUB

**Credit Card Expense Form**

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

Borrower of credit card: \_\_\_\_\_  
*Name* *Phone number*

Cardholder's Name: (circle one) **Bob**      **Kathy**      **Kristina**      **Carol Ann**

Event/Activity: \_\_\_\_\_

Explanation of Expense(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount spent: \$ \_\_\_\_\_

**\*\*Please attach all receipts\*\***

**Expense Details**

Vendor 1 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Vendor 2 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Vendor 3 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Vendor 4 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Vendor 5 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Instructions**

Return completed form and receipts to Cardholder OR leave in mailbox in SYC kitchen

If you have any questions, please contact Carol Ann Coughlin, Treasurer.  
[cacoughlin@yahoo.com](mailto:cacoughlin@yahoo.com) or 914-506-1401