



SHINNECOCK YACHT CLUB

**Reimbursement / Payment Request Form**

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

Requester: \_\_\_\_\_  
*Name* *Phone number*

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

Explanation of Expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount of Check requested: \_\_\_\_\_

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

Make check payable to: \_\_\_\_\_

Send check to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
*City* *State* *ZIP Code*

**Instructions**

Send completed form and receipts to:  
Shinnecock Yacht Club  
PO Box 443  
Quogue, NY 11959

If you prefer to email and scan, send to:  
[cacoughlin@yahoo.com](mailto:cacoughlin@yahoo.com)

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