

**FLOTILLA 13-03**

**BIG PINE KEY, FL**

# CLAIM FOR REIMBURSEMENT

NAME

I.D. NUMBER

PHONE

PRINT

QTY.	DESCRIPTION	PRICE EA.	EXT. PRICE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

TAXES / ADJUSTMENTS \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## SIGNATURE OF CLAIMANT

**This statement and all items are true. I am aware that  
This claim for reimbursement must be completed and  
Forwarded within 30 days after the expense was incurred  
to the Flotilla Finance Officer, with all receipts.**

## COMMENTS

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**MEMBER SIGNATURE**

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**DATE**

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**APPROVED F.C OR V.F.C.**

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**DATE**

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