



Western Reserve Rowing Association Expense Reimbursement Request

Name _____	Your _____
Date Submitted _____	Mailing _____
Phone _____	Address _____
Email _____	_____

Date Expense Incurred	Program Code ⁽¹⁾	Expense Description	Expense Amount
Total Expense Amount			

Signatures	
You	
Chairman	

NOTES:

- Complete form for Calendar Month when hours were performed.
- Submit completed and signed form by the 5th of the next month.
- Checks are cut on the 15th of the month for the previous month.
- Submit form each month. Submitter must have a current W-9 on file *AND* be a member of the related WRRRA Coach/Coxing Program.
- Timesheets submitted beyond the next calendar month or without proper signatures will not be compensated.
- Email questions to: treasurer@westernReserveRowing.com

Prog ⁽¹⁾ Codes	Program Name	Totals <i>(Accountant)</i>
SRL	Summer Rowing	
FRL	Fall Rowing	
REC	Rec Rowing	
MR	Master Rowing	
SP	Sculling Program	
LTR	Learn to Row	
GS	General Sweep	
EP	Elite Program	
OTH	Other	

Submission Options: Mail this form to the address below, or drop in the WRRRA boathouse mailbox.	
Mail Address	Treasurer Western Reserve Rowing Association 1785 Merwin Ave, Cleveland, Ohio 44113