



Gaspee Days Committee

PO Box 1772, Pilgrim Station

Warwick, RI 02888

(401) 781-1772

www.gaspee.com
www.gaspee.org
www.pawtuxet.com

Reimbursement Request Form

Please complete and sign this form, attach receipts, and forward to treasurer for reimbursement consideration.

Paid to:	Item Description	Subcommittee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total Amount	\$

Comments:

Submitted by:

Name: _____

Address: _____

City/State/Zip: _____

Phone1: _____ Phone2: _____

Signature: _____ Date: ____ / ____ / ____