

# OKLAHOMA SWIMMING, INC.

## AQUATIC FUND

### DISBURSEMENT / REIMBURSEMENT

### REQUEST FORM

Submit this form and all invoices and/or receipts directly to:

Debbie S. Hayes, Treasurer

P.O. Box 295

Jenks, OK 74037-0295

(H) 918-299-4774

(Duplicate copies of telephone receipts are acceptable if you wish to retain originals for personal records.)

NAME \_\_\_\_\_

Individual or Firm to receive payment

ADDRESS \_\_\_\_\_

Street or P.O./City/State/Zip

TELEPHONE \_\_\_\_\_

EXPENDITURE DESCRIPTION:

OTHER (Detail Specifics):

Telephone	\$ _____	_____
Postage	_____	_____
Duplicating	_____	_____
Supplies	_____	_____
Travel Expenses:		_____
Transportation	_____	_____
Parking / Taxi	_____	_____
Lodging	_____	_____
Meals	_____	_____
Misc.	_____	_____
Other	_____	TOTAL REQUEST \$ _____

The above expenses were incurred while carrying out the duties of \_\_\_\_\_  
\_\_\_\_\_ for Oklahoma Swimming, Inc.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

APPROVAL SIGNATURE (If Necessary) \_\_\_\_\_

DO NOT WRITE IN AREA BELOW

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ACCT. # \_\_\_\_\_ AMT. \_\_\_\_\_ DATE REC'D \_\_\_\_\_

ACCT. # \_\_\_\_\_ AMT. \_\_\_\_\_ DATE PAID \_\_\_\_\_

ACCT. # \_\_\_\_\_ AMT. \_\_\_\_\_ TOTAL AMT. \_\_\_\_\_ CHECK # \_\_\_\_\_