

APPENDIX A-4

NMSI COST REIMBURSEMENT FORM

NAME: _____ PHONE: _____

SEND CHECK TO ADDRESS: _____

PURPOSE OF EXPENSE: _____

NMSI FUNDING PROGRAM: _____

Fill in Reimbursement Request below. Write Ref# on receipt.

<u>Ref#</u>	<u>Description</u>	<u>Amount Claimed</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

TOTAL REQUESTED: \$ _____

Required Attachments: All receipts.

SUBMIT TO NMS TREASURER.

NMSI will reimburse actual expenses up to actual amounts approved in the annual budget, and in accordance with the NMSI bylaws and Rules and Regulations manual. Other expenditures will be considered for approval by the Financial Committee and the Board of Directors. Information is available from on the NMSI web site:
www.nmswim.org

I certify the above requested amounts are valid costs incurred for NMSI Business.

Date: _____

Signature of Claimant: _____