

Dominion Valley Sharks Swim Team Reimbursement Request

*In order to be reimbursed, any purchase, in excess of the current year's budget, **must** be approved by the DVST Board of Directors before the purchase is made. All reimbursement requests must be submitted within 15 days of purchase and be accompanied by receipts in order to receive reimbursement. Checks are written on the 1st and 15th of the month only.*

Name: _____
Date: _____

Committee:
 Administrative ____ Apparel ____ Awards/Ribbons ____ Concessions ____
 Equipment ____ Fundraising ____ Social ____ Other ____

<i>Vendor</i>	<i>Item Purchased</i>	<i>Item Price</i>	<i>Number of Items</i>	<i>Total</i>
			Total Cost to Reimburse	

Please make check payable to:

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

Board Member/Committee Chair Approval

Name: _____ Date: _____
 Signature: _____ Amt. Approved: _____

Accounting:

Account Charged _____ Date Paid _____
 Check # _____ Amt. Paid _____