Request No. _____

CHS SWIM & DIVE TEAM EXPENSE REQUEST FORM

NAME: _____ **DATE:** _____

Address: _____ **Phone:** _____
(street, city, state, zip)

EVENT: _____

FUNCTION OR ACTIVITY (Please describe type of activity on lines below or describe other)

Meet Expense: _____ GWOC Activity: _____

Banquet Expense: _____ Sectional Activity: _____

Captain's Expense: _____ District Activity: _____

Senior Recognition: _____ State Activity: _____

Gifts (coaches and/or team members): _____ Other: _____

DESCRIBE EXPENSE(S): Please Attach Receipts

1. _____ _____

2. _____ _____

3. _____ _____

4. _____ _____

5. _____ _____

6. _____ _____

State Sales Tax Exemption Number: 538454

TOTAL:$ _____

TREASURER'S USE ONLY: Check #_____ Issue Date:_____ Total $_____

Mail to: Mindy Heyne, Treasurer, CHS Swim and Dive Boosters,
8282 Rhine Way, Centerville, OH 45458