**AMS DISBURSEMENT REQUEST**

**On behalf of Allegheny Mountain Swimming**

1. **I purchased the following item(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **ITEM** | **PURPOSE** | **AMOUNT** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |  | **TOTAL EXPENSE** | **$0.00** |

1. **I incurred the following mileage** *(must be pre-approved)*

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **FROM/TO** | **PURPOSE** | **MILEAGE** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **TOTAL MILEAGE** | 0 |
| *(to be completed by AMS Office based on current GSA mileage reimbursement rate)* **RATE** |       |
| **TOTAL MILEAGE EXPENSE** | **$0.00** |

1. **I would like to request a Cash Advance**

|  |  |  |
| --- | --- | --- |
| **DATE** | **PURPOSE** | **AMOUNT** |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **TOTAL ADVANCE** | **$0.00** |

[ ] Please issue a ***reimbursement*** for **$0.00** (amount) for actual expenditures listed above

 *(Actual receipts must be submitted with this form – please retain a copy for your records)*

[ ] Please issue an ***advance*** for **$0.00** (amount) for estimated expenditures listed above

 *(Actual receipts must be submitted within 10 days of expenditure – please retain a copy for your records)*

Make check payable to

**Submit this form with all receipts to:**

AMS Office

17 Fieldstone Dr.

Pittsburgh, PA 15220

412-200-2571

office@amswim.org

Mail check to:

Signature/Name of person requesting funds

For office use only:

Check Date Check #

Account Approval