GULF SWIMMING
EXPENSE ACCOUNT FORM 2023

Name - Last, First MI

Street Address

From Date

City State Zip

To Date

Purpose of Expenditure/Business

DATE	PLACE	DESCRIPTION OF EXPENSE	AMOUNT
		PER DIEM ($ ____ per day) x _____ NIGHTS =	

Date	No. in party	Persons entertained - name, title, affiliation/team	Business purpose	

To the best of my knowledge, all of the above information is true and correct.

SIGNATURE _____ DATE _____

1. **Receipts for all expenditures must be attached. There will be no reimbursements for undocumented expenditures. The only exception is for mileage, which is reimbursed at the current IRS allowance ($0.65.5/mile).**
2. For authorized travel, reimbursement is at the per diem (Per Diem Policy, page 7-6).
3. Other expenses, stamps, awards, etc., must be authorized by the Finance Vice-Chair or the General Chairman.
4. Per Diem days are counted based upon the number of nights.
5. Email form and all receipts to gulftreasurer@gmail.com or mail form, along with all receipts to:
   Gulf Swimming
   Tom Hasz
   1911 Shadow Forest Drive
   Katy, TX 77494