

GULF SWIMMING
EXPENSE ACCOUNT FORM

Name - Last, First MI _____

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Street Address _____

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From Date _____

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City State Zip _____

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To Date _____

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Purpose of Expenditure/Business _____

DATE	PLACE	DESCRIPTION OF EXPENSE	AMOUNT
PER DIEM (\$ 00.00 per day) x _____ NIGHTS =			

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 (check here for current rate: www.irs.gov).**
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. Mail completed forms, along with all receipts to:

Gulf Swimming
 Tom Hasz
 1911 Shadow Forest Drive
 Katy, TX 77494