

# Hawaiian Swimming

## Request for Payment or Reimbursement Form

Date:

Payable To:

Address:

Expense Account / Event	Description	Amount
		\$
Check Total:		\$

### IMPORTANT

Please attach all *original* receipts and submit to Hawaiian Swimming Treasurer.

Requested By (Print):

Approved By (if approval at a Board meeting, give date):

Check Number:

Check Date:

Treasurer's Initials:

***FOR AUDIT  
COMMITTEE ONLY***

*Audit Date*

*Audit Committee Initials*

Comments:

Hawaiian Swimming · c/o Lynne Nakamura · P.O. Box 893193 · Mililani, HI 96789