

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:
<i>FOR AUDIT COMMITTEE ONLY</i>	<i>Audit Date</i>	<i>Audit Committee Initials</i>

Comments:
