Lake Forest Swim Club
555 N. Sheridan Rd.
Lake Forest , IL 60045
(847) 735-5372

Reimbursement Request

NAME: _____ PHONE: _____

ADDRESS: _____

Date: _____

DATE	DESCRIPTION OF EXPENSES (Receipts MUST be attached)	AMOUNT
	TOTAL CLAIMED	

The undersigned hereby makes claim for the above listed expenses and certifies that expenses were or are on behalf of the Lake Forest Swim Club or its sponsored activity, and are legitimate and proper in all respects.

_____

Signature Date