



East Carolina Aquatics Expense Reimbursement / Check Request Form



Attach Receipts

Date Paid	
Check # /Credit date	
Amount	
Budget Category	
Treasurer Approval and Date	

Reimbursement Preference: (circle one) Check Account Credit

Date of Request: _____
 Person Requesting: _____
 Business Purpose: _____
 Make Check Payable to: _____
 Preferred mailing address: _____

Signature of Requester: _____
 Requester's phone Number: _____

Committee Chair Signature: _____ Date: _____

Note: Please attach receipts to this form. Approval should be obtained on all purchases prior to expenditure. Failure to obtain approval may result in purchaser having to incur the expense. All check requests require the signature of the ECA Treasurer before issue.

Date	Description	Budget Category	Amount
Total:			

Please allow at least 7 days for expense reimbursement.

Contact Kelly Reed, Treasurer at kellyswim28@gmail.com or 910-734-6788 if you have any questions or concerns.