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| **CSL Broadlands Piranhas****Reimbursement Request Form** Please have your Committee Head or CSL Board Member approve this reimbursement prior to submission.

|  |  |
| --- | --- |
| **Name:** |   |
| **Address:**  |   |
| **Phone #:**  |   |
| **Email address:**  |   |
| **Signature:**  |   |
| **GRAND TOTAL:**  |   |

 **Please attach copies of receipts to all requests.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qty** | **Description** | **Event** | **Vendor** | **Amt** |
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 !**Approved by Committee Head/Board Member:** **(Signature Required)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Print name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Reimbursement requests may be mailed or hand delivered to the CSL Board Treasurer:Kristen Peterson, 21848 Ainsley Ct. Broadlands VA 20148CSLBoardTreasurer@BroadlandsSwimTeam.org  |
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