

**Hills West Waves
Expense Reimbursement Form**

Date of Expense	Vendor	Description of Expense	Category*	Amount
*Category: Social Expense, Meet Concessions, Swimmer Supplies (ex., goggles), Office Supplies, Pool Supplies, Copying, Computer, League Expense			Total	
Please tape receipts to a blank 8 1/2" x 11" sheet of paper and attach to this form				

Make Check Payable to:

Name: _____

Address: _____

Send/deliver to: Connie Plumleigh
 11 Coral Place
 Greenwood Village, CO 80111

Or, scan this form and all your receipts and email to: martin.plumleigh@comcast.net