

757swim Reimbursement Request

Name: _____

Date: _____

Receipts must be submitted with request.

Event/program/project supported:	
Budget line item charged: (circle or write in)	Facilities Facilities Supplies Insurance Website Coach Travel Clubhouse Rental Practice Equipment Office Supplies Printing Spirit Wear Other: _____
Amount requested:	
Check payable to:	
Address for check delivery:	
Signature of requestor:	
757swim approval: ("X" and sign) <input type="checkbox"/> <i>President</i> <input type="checkbox"/> <i>Treasurer</i> <input type="checkbox"/> <i>Head Coach</i>	

.....
 (757swim Administration Use)

Check Number: _____ Check Date: _____

Budget Line Item Charged: _____

Notes: _____