



# Reimbursement/Payment Request

Please attach all receipts to the back of this form and put in the "Check Requests/Invoices – Complete" file. Every request MUST have an original receipt(s)/invoice(s) – no copies. Please consider keeping a copy of this form for your files.

Note: This form MUST have an "Approval" signature from an authorized individual directly responsible for the funds being used. This would be a Committee Chair(s), and/or Board Member(s). Please see below for further restrictions and limitations.

<b>Payee's Name:</b> _____	<b>Date:</b> _____	<b>Charge to Expense Code</b>
<b>Committee/Activity:</b> _____		
<b>Description1:</b> _____	<b>Expense1:</b> _____	
<b>Description2:</b> _____	<b>Expense2:</b> _____	
<b>Description3:</b> _____	<b>Expense3:</b> _____	
<b>Total Expenses:</b> _____		

**Distribute check or electronic funds transfer as follows (select one):**

- Leave in office for pick up
- Put in Swim Team mail folder
- Please transfer via Zelle..... Email: \_\_\_\_\_  
Mobile: \_\_\_\_\_
- Please mail to (PRINT clearly): \_\_\_\_\_

**Requestor:** \_\_\_\_\_ (Requestor's signature here) \_\_\_\_\_ (PRINT Requestor's name clearly)

**Authorized Board Members**

**Approval 1:** \_\_\_\_\_  
 (Primary Authorizer's signature here) PRINT Authorizer's name clearly  
*If the total expense is more than \$100, this form MAY NOT be signed by Requestor or Payee, even if they are authorized signers.*

**Approval 2:** \_\_\_\_\_  
 (Secondary Authorizer's signature here) (PRINT Authorizer's name clearly)  
*If the total expense is more than \$500, this form MUST be signed by TWO authorized individuals.*

**Check Stub attached**                       **Online Payment/EFT (Statement or Invoice attached)**

Check/EFT Drafted by (initials): \_\_\_\_\_ Check/EFT Signed by (initials): \_\_\_\_\_  
 Approved by Board (date): \_\_\_\_\_ Audited by (initials/date): \_\_\_\_\_