



## Reimbursement/Check Request

Please attach all original receipts (no copies), to the back of this form, and put in the "Chk Req/Invs – Complete" file. Every request **MUST** have an original receipt(s)/invoice(s). 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 (a Committee Chair(s), and/or Board Member(s)). Please see below for further restrictions and limitations.*

Payee's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name that will appear on the check)

Committee/Activity: \_\_\_\_\_

Description

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Charge to  
(Office Use Only)

_____
_____
_____
_____

Total Expenses: \$ \_\_\_\_\_

Distribute check as follows (check one):

- ☐ Leave in office for pick up  
☐ Put in Swim Team Mail Folder  
☐ Please mail to: \_\_\_\_\_

(please print mailing address clearly)

Requestor: \_\_\_\_\_  
(Requestor's signature here) (please print Requestor's name clearly)

Approval 1: \_\_\_\_\_  
(Primary Authorizer's signature here) (please 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) (please print Authorizer's name clearly)

**If the total expense is MORE than \$500, this form MUST be signed by TWO authorized individuals**

Official Use Only: Chk # \_\_\_\_\_ Amt \_\_\_\_\_ Drafted \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_