

METROPOLITAN SWIMMING INC.

REIMBURSEMENT / EXPENSE VOUCHER

Must be submitted within 30 days of activity



PERSON SUBMITTING REQUEST

NAME: _____ EMAIL: _____

TITLE: _____

MAKE CHECK PAYABLE TO:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____, ZIP: _____

REIMBURSEMENT _____ PAY VENDOR _____

SIGNATURE: _____ DATE: _____

ATTACH RECEIPTS. THEY MUST NOT BE OVER 30 DAYS OLD

DATE	REIMBURSEMENT FOR	COMMENTS / EXPLANATION	AMOUNT
		TOTAL:	

COMMITTEE CHAIR OR BOARD MEMBER APPROVAL:

APPROVED BY: _____ DATE: _____ ACCOUNT #: _____

SIGNATURE: _____

Submit completed voucher to: METROPOLITAN SWIMMING, INC.

99 Sheep Pasture Rd – Port Jefferson, NY 11777

Or scan and email the form to: metro.office@metroswimming.org