METROPOLITAN SWIMMING INC.

REIMBURSEMENT / EXPENSE VOUCHER

Must be submitted within 30 days of activity

NAME: _____ **PHONE:** _____

TITLE: _____ **ACCOUNT:**_____

ADDRESS: _____

CITY: _____**NY, ZIP:** _____

REIMBURSE TO:_____ **PAY VENDOR/ NAME:**___ _____

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:**_____ **SIGNATURE**_____

SEND PAYMENT TO: NAME: _____

ADDRESS: _____

_____

SIGNATURE: _____**DATE:** _____

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

RETURNED FOR CLARIFICATION – DATE: _____
APPROVED BY CHAIR/COMMITTEE: Yes ___ No ___ DATE: _____
PAID CHECK #: _____ *DATE:* _____ *(MV1 10-34)*