

# 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
		<b>TOTAL:</b>	

### **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](mailto:metro.office@metroswimming.org)

RETURNED FOR CLARIFICATION – DATE: \_\_\_\_\_

APPROVED BY CHAIR/COMMITTEE: Yes \_\_\_ No \_\_\_ DATE: \_\_\_\_\_

PAID CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_ (MVI 10-34)