

# 2010 KINGSBROOKE SWIM TEAM REIMBURSEMENT REQUEST

(Please Submit Request within 60 Days of Receipt Date)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Check will be made payable to above) (Date you submit request)

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Request Related To:

- Concessions   
  Snack Bar   
  Merchandise   
  Registration  
 Social (event or age group \_\_\_\_\_)   
  Other \_\_\_\_\_

Check One

I will collect my reimbursement check directly from Treasurer  
 (please use contact information below to coordinate)

Please mail my reimbursement check to the following:

Address: \_\_\_\_\_  
 \_\_\_\_\_

Number of Receipts Attached:  (please staple receipts to the back of request form)

Itemize Receipt Below

RETAILER / DESCRIPTION	AMOUNT
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
TOTAL	\$ .

X  
 \_\_\_\_\_  
 Signature (Required)

Treasurer Only		
Payment Amount	Check #	Date Pd