



Virginia Swimming Inc.
Reimbursement Request Form



Date of Request: _____

_____ **Expense Reimbursement** (for periodic expenses such as printing, postage, office supplies, telephone, etc.) **Please attach receipts.**

_____ **Check Request** (for specific expenditures such as Zone Team, Awards Banquet, travel, awards, etc.) **Requires approval of a Committee Chair, Administrative Vice-Chair, or the General Chair.**

Pay to: _____

Address: _____

Telephone: _____ Amount: _____

Purpose: _____

Requester's Signature: _____

Approved by: _____ Title: _____

Forward request to: **Bill Geiszler
1407 Dulles Court
Richmond, VA 23235
(804) 745-1248**

Amount Paid: _____ Date: _____ Check #: _____