



Virginia Swimming Inc.  
Reimbursement Request Form



Date of Request: \_\_\_\_\_

\_\_\_\_\_ **Expense Reimbursement** (for purchases or travel made for Virginia Swimming and paid for by the requestor). **Please attach receipts.**

\_\_\_\_\_ **Check Request** (for a payment to be made to a vendor for materials or services provided to Virginia Swimming). **Requires approval of a Committee Chair, Administrative Vice-Chair, or the General Chair.**

Pay to: \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

Forward request to: **Bob Rustin**  
**8208 Chainmale Road**  
**North Chesterfield, VA 23235**  
**804-276-9220**

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_