Dominion Valley Sharks Swim Team
Reimbursement Request

Any purchase over $50 must be approved by appropriate board member or committee chair prior to purchase. All reimbursement requests must be submitted within 15 days of purchase and be accompanied by receipts in order to receive reimbursement. Checks are written on the 1st and 15th of the month only.

Name: _____ Date: _____

Committee: Fundraising ___ Communications ____ Apparel ____ Concessions ____
Social ____ Volunteers ____ Awards/Ribbons ____ Other ____

Vendor	Items Purchased	Price	Quan.	Total

Total Reimbursement Request _____

Please make check payable to :

Name: _____

Address: _____

_____

Phone: _____

Board Member/Committee Chair Approval _____

Name: _____ Date: _____

Signature: _____ Amt. Approved: _____

Accounting:
Account Charged: _____ Date Paid _____
Check # _____ Amt. Paid _____