

EXPENSE REIMBURSEMENT FORM

Name: Date: Address:

Phone:

Fax:

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| **Event** | **Total $** | **Phone** | **Postage** | **Lodging** | **Travel** | **Meals** | **Other** | **Other Description** |
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| Total |  |  |  |  |  |  |  |  |

I certify that the above is a true statement of expenses incurred in accordance with the policies of Connecticut Swimming, Inc. All receipts are attached.

 Email or to: For official’s:

 Connecticut Swimming Office, Please forward to first,

 office@ctswim.org officials@ctswim.org

Signature:

Approved for payment: Please attach pertinent receipts.

By: *No requests over $250 will be processed without an authorized signature.*

Check #: Check Date: