

**Connecticut Swimming, Inc.  
EXPENSE REIMBURSEMENT FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Event	Total	Phone	Postage	Lodging	Travel	Meals	Other	Other Description
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							
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.

Signature: \_\_\_\_\_

Approved for payment:

By: \_\_\_\_\_

Check # : \_\_\_\_\_

Check Date: \_\_\_\_\_

Mail to:

Mary Westcott, Treasurer

54 Lido Rd.

Unionville, CT 06085

1-866-238-8660 Fax

Please attach pertinent receipts.

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