



**EXPENSE REIMBURSEMENT FORM**

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

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

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

\_\_\_\_\_

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

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

Event	Total \$	Phone	Postage	Lodging	Travel	Meals	Other	Other Description
<b>Total</b>	\$							

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:  
Connecticut Swimming Office,  
office@ctswim.org

For official's:  
Please also forward to:  
officials@ctswim.org

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

Approved for payment:

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

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

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

Please attach pertinent receipts.

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