



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: _____

Email to:
 Connecticut Swimming Office: office@ctswim.org
 Officials MUST CC officials@ctswim.org

Approved for payment:

By: _____

Check #: _____

Check Date: _____

Please attach pertinent receipts.
No requests over \$250 will be processed without an authorized signature.