



Connecticut Swimming

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: _____

Email or fax to:
Connecticut Swimming Office
office@ctswim.org
1-866-238-8660 Fax
Please attach pertinent receipts.
No requests over \$250 will be processed without an authorized signature.