EXPENSE REIMBURSEMENT REQUEST

KLAHAYA SWIM TENNIS CLUB

DATE SUBMITTED:	
NAME:	

Receive Reimbursement Check by *(check one)* **:**

☐ mail delivery

☐ pick up at Club

Must be received by ***Thursdays***

Checks will be postmarked on ***Mondays***

QUESTIONS about this form - go to:

https://leagueathletics.com/Page.asp?n=73214&org=klahaya.net

DATE	PAID TO:	PURCHASED ITEMS:	ACTIVITY (i.e. Office, Swim Team)	AMOUNT
				$ -

APPROVED BY:	
DATE PAID:	
CHECK #:	

← ***Signature of authorizing Board Member***

RECEIPTS (COPIES ONLY - no originals) must be ATTACHED when submitting this form for payment - thank you.

Please email this form to:

bookkeeper@klahaya.net