

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
 or fax 1-888-906-4740 (no cover sheet required)