

ROTA SWIM CLUB REIMBURSEMENT FORM

NAME: _____

POSITION WITH TEAM: _____

SUMMARY OF CLAIM:
DATES FROM _____
TO _____

REASON FOR PAYMENT: _____



All reimbursements will be distributed within 7 business days.

All original receipts are required for reimbursement.

Additional documentation may be requested.

**** PLEASE GIVE FULL DETAILS OF EXPENSES INCURRED AND ATTACH THE CORRESPONDING BILLS/RECEIPTS. IF ORIGINAL PAYMENT WAS IN ANOTHER CURRENCY, PLEASE PROVIDE CONVERSION UTILIZED BY BANKING INSTITUTION IN TOTAL AMOUNT.****

EXPENSES:	AMOUNT:	€ / £	USD
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

Was any advanced amount provided for this request? ☐ YES ☐ NO

If YES was checked, please provide the amount so it can be deducted from total reimbursable amount:

Receipts Attached? ☐ YES ☐ NO

*If receipts not provided, please fill out Missing Receipt Form.

TOTAL EXPENSES: € / £
USD

Additional Comments:

AMOUNT TO BE REIMBURSED

Explanation of Misc/Other Expenses:

I declare that the total expenses amount mentioned above is true to my knowledge. I confirm that I have not claimed any of these expenses before from any other source.

Requestor's Signature

Date Signed:

Head Coach Signature (if applicable)

Date Signed:

AUTHORIZATION: THE INFORMATION HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE TRUE.

Treasurer

President

Name: _____

Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____