



482 Norristown Road, Suite 110 Blue Bell, PA 19422

### Reimbursement Request Form

Submit this form and all invoices and receipts directly to the Middle Atlantic office.  
(Duplicate copies of telephone or printing receipts are acceptable if you wish to retain originals for personal records.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Reimbursement Requested as Follows:

(detail specifics)

Telephone	\$	_____
Postage	\$	_____
Duplicating	\$	_____
Supplies	\$	_____
Travel Expenses	\$	_____
Transportation	\$	_____
Parking fees	\$	_____
Taxi/Limo	\$	_____
Hotel	\$	_____
Other (see detail)	\$	_____
<b>Total request</b>	<b>\$</b>	_____

The above expenses were incurred carrying out the duties of:

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Received by Treasurer: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_ Charge to: \_\_\_\_\_ Account: \_\_\_\_\_

*Middle Atlantic Swimming advocates the growth and development of our safe and diverse swimming community through education, innovation and a commitment to excellence.*