



# Niagara Swimming Reimbursement Request

Description	Qty	Unit Price	Total
<b>Subtotal</b>			
Niagara Tax Exempt # EX-177500			<b>Tax</b>
			<b>Other</b>
			<b>Total</b>

**Send check to:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_

**All expenses need to be itemized.  
To receive reimbursement, receipts  
and/or invoices must be attached.**

**Submitted by:**

\_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forward Request to:** Niagara Swimming, Inc. (716) 930-0238  
 1185 Doebler Drive admin@niagaraswim.org  
 North Tonawanda, NY 14120

**Niagara Approval:**

Check Number \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_