

**GULF SWIMMING
EXPENSE ACCOUNT FORM**

Name - Last, First MI

Street Address

From Date

City State Zip

To Date

Purpose of Expenditure/Business _____

DATE	PLACE	DESCRIPTION OF EXPENSE	AMOUNT
PER DIEM (\$ per day) x ____ NIGHTS =			
Date	No. in party	Persons entertained - name, title, affiliation/team	Business purpose

To the best of my knowledge, all of the above information is true and correct.

SIGNATURE _____ DATE _____

1. **Receipts for all expenditures must be attached. There will be no reimbursements for undocumented expenditures. The only exception is for mileage, which is reimbursed at the current IRS allowance (0.70/mile).**
2. **For coach attending travel meets, in order to be considered for the maximum allowable amount of reimbursement, this request must be emailed no later than thirty-one (31) days after the last day of competition at the meet for which reimbursement is requested.**
3. For authorized travel, reimbursement is at the per diem (Per Diem Policy, page 7-6).
4. Other expenses, stamps, awards, etc., must be authorized by the Finance Vice-Chaire or the General Chairman.
5. Per Diem days are counted based on the number of nights.
6. Email form and all receipts to gulftreasurer@gmail.com or mail form, along with all receipts to: Gulf Swimming
Tom Hasz
1911 Shadow Forest Drive
Katy, TX 77494