

FOR AUDIT COMMITTEE ONLY

## **Request for Payment or Reimbursement**

	F	
	]	Date:
Payable To: Address:		
Address.		
Expense Account/Event	Description	Amount
		Check Total: \$
	<b>IMPORTANT</b>	
Please attach all <i>origina</i>	receipts and submit to Hawaiian Swin	mming Treasurer
	o Deborah Christian · 4139 Hardy Street	-
By man. Hawanan Swimming C	By email: dpc@kauaicpas.com	, Saite II Elliae, III 70700
Requested By (Print):	Ву стат. прежащитерия.сот	
Approved By:		
Approved by.	Name/Title	
Approved By:		
	Name/Title	1.70
(Kequired: Approval sig	<mark>natures by BOTH General Chair &amp; Cha</mark>	ur/Kepresentative)
Check Number:	Check Date:	Treasurer's Initials:

Audit Date

Audit Committee Initials