



# Columbia Aquatics Association

## Check Disbursement Form

To request reimbursement for expenses made on behalf of the team:

1. Complete this form.
2. Attach your receipts.
3. Scan and email these to caatreasurer@clippersswim.org OR mail them to Treasurer, Columbia Aquatics Association, PO Box 123, Columbia, MD 21045.
4. Choose reimbursement method.

Name:	Date:
Address:	
Phone:	Email:
Swimmer's Name and Practice Group:	
Total Amount Requested:	
Event for Which Purchases Were Made:	
Description of Purchases (please be specific):	

Reimbursement Choice (Circle One)

Check	Name (Payable to):
Zelle	Zelle Account phone and/or email:

Your request will be processed as soon as possible. If you have any questions, please contact Gabriel Spencer, CAA Treasurer via email at caatreasurer@clippersswim.org

For Business Affairs Use:      Check Date: \_\_\_\_\_      Check Number: \_\_\_\_\_

Budget Category: \_\_\_\_\_