



Check Request/Reimbursement

Requested by _____ Date _____

Mailing Address _____

Phone Number _____ Cell/Work/Home _____

Email address _____

Amount requested (provide copies of all receipts/invoice) \$ _____

☐ request Check (made payable to _____)

☐ request credit off of monthly dues

Board Member Approval _____

Description/Reason for purchase _____

Please give or email this completed & signed form to Laura Ehrenreich at
lmehrenreich@gmail.com

Treasurer's Notes: Date Received _____ Date Paid _____

Amount _____ Check # _____

Notes _____

Note- Swimkins is a 501(c)3 organization and thus has a tax-exempt certificate. This certificate should be used when purchasing anything for the organization that will NOT be sold by the organization.