

Lassiter Swim and Dive

Check Request

Name_____

Address_____

Phone Number_____

Description of

Purchase_____

Is this for a certain meet/Event? Yes or No

If Yes, which one? _____

Amount to be Reimbursed \$_____

PLEASE ATTACH A COPY OF YOUR RECEIPT. CHECKS CANNOT BE WRITTEN WITHOUT
A RECEIPT

For Treasurer's Use Only:	
Check #:	Date Issued: