

2025 DEL AMIGO SWIM TEAM EXPENSE REIMBURSEMENT FORM

All requests should be turned in within 2 weeks of receipt date.

DATE: _____

NAME: _____

(Reimbursement checks will be put in this family folder)

Name to appear on reimbursement check (if different): _____

Check the appropriate expense category below. Specify the amount spent in each category if more than one expense was incurred. The expense/activity category must be clear or reimbursement form will be returned for additional clarification.

<input type="checkbox"/> Activities (please specify)	<input type="checkbox"/> Awards Banquet	<input type="checkbox"/> Office Supplies	<input type="checkbox"/> DAPA Shared Expense
<input type="checkbox"/> Apparel	<input type="checkbox"/> Café	<input type="checkbox"/> Pool Supplies	<input type="checkbox"/> Misc.
<input type="checkbox"/> Awards (Ribbons/Stars)	<input type="checkbox"/> Clinic (spring/fall/summer/special)	<input type="checkbox"/> Team Supplies	<input type="checkbox"/> Other (please specify)

TOTAL AMOUNT: _____

Additional Notes: _____

Approved by: _____
(DAST Board member approval required)

Approved by: _____
(2nd signature required if item(s) purchased by DAST Board member)

Please attach all original receipts to this form.

*If receipt contains non-reimbursable items, circle items to be reimbursed. Place approved form with receipt(s) in the SWIM TEAM TREASURER'S folder located under **TREASURER**, or emailed to the address below.*

Reimbursement checks will be placed in your family folder. If reimbursement should be to a vendor, please indicate vendor information below:

Name: _____

Address: _____
City State Zip

Phone: (_____) _____

Thank you!
Jim Biello, DAST Treasurer
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