WALNUT CREEK SWIM CLUB

REQUEST FOR REIMBURSEMENT

(Please Submit Request within 60 days of Receipt Date)

Name:	Date:
(Check will be made payable to above)	(Date you submit request)
Email Address: Phone	
Request Related To	
☐ Concessions ☐ All City Snack Bar ☐ Dual Meet Snack	k Bar ☐ Banquet
☐ Social. List event or age group:	
☐ Other. Please explain:	
 Check One ☐ I will collect my reimbursement check directly from Treasurer. (please coordinate with Treasurer at money@walnutcreekswimclub.org) ☐ Please mail my reimbursement check to the following: 	
Address:	
Number of Receipts Attached:	
<u>Itemize Receipt Below</u>	CHECK BOX IF
RETAILER / DESCRIPTION	ITEM WILL BE RESOLD AMOUNT
	TOTAL:
Signature	

TREASURER USE ONLY

Check#:

Amount:

Date Paid:

Fill out the Request for Reimbursement. You can then submit in one of three ways (Note: Please make copy for your record):

- 1. Complete the form, print, attach original receipts, and leaving all in the DENG folder by the pool deck. OR
- 2. Complete the form, print, attach original receipts and mail all to WCSC Treasurer at P.O. Box 472 Walnut Creek, CA 94596. OR
- 3. Complete the form, scan the receipts and email all to the WCSC Treasurer at money@walnutcreekswimclub.org.