

VACAVILLE SWIM CLUB



OUT OF POCKET EXPENSE REIMBURSEMENT CLAIM FORM

Name: _____

Date of Claim: _____

Address: _____

Phone #: _____

USE THIS FORM TO CLAIM OUT-OF-POCKET EXPENSE INCURRED WHILE ENGAGED IN PROGRAM ACTIVITY. **RECEIPTS OR PAID INVOICES (originals only)** MUST BE ATTACHED TO THIS CLAIM AS PROOF OF ALL EXPENSES CLAIMED FOR REIMBURSEMENT.

| Date | Itemized Item(s) | Brief Description of Purchase | Purpose of Purchase | Cost |
|---|------------------|-------------------------------|---------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Expense Claimed for Reimbursement | | | | |

CERTIFICATE OF CLAIMING EXPENSE REIMBURSEMENT:

I hereby certify upon my own personal knowledge that the above claim and the statements, items and amounts as therein set forth are true and correct; that no part thereof been paid, that the amount claimed is justly due and is presented within thirty days after the last expense item herein was incurred.

Claimant Signature

Date

Signature Approval: COE, Head Coach

Alternate Signature of Approval (Board Member)

TREASURE USE ONLY

Date processed: _____

Check cut: _____

Account Paid with: _____