

Border Swimming  
Reimbursement Form  
As of 2/6/23

Date \_\_\_\_\_

Payable to \_\_\_\_\_

DATE	ITEM	PLACE OF PURCHASE	AMOUNT	ACCOUNT TO DRAFT

*Please include all receipts with this document.*

Signature of Requestor \_\_\_\_\_

Signature of General Chair \_\_\_\_\_

Received by Treasurer \_\_\_\_\_ on (Date) \_\_\_\_\_

Check # \_\_\_\_\_

Date Issued \_\_\_\_\_

Received By: \_\_\_\_\_