



CHECK REQ FORM CE Swim Team, Inc.

Please fill out form and submit with receipt to cewahoos@gmail.com Prior approval must be obtained on purchases; failure to obtain approval may result in purchaser incurring the expenses.

Swimmer Cancellation Policy:

- Less \$25 admin fee anytime prior to first practice
- 1/2 Refund after first practice but prior to first meet
- No refund after first meet

Date of request _____ Amount of check request \$ _____

Person requesting: _____

Mailing address for check: _____

Phone number: _____ Email _____

Reason for request :

_____ Swimmer withdrawal (send copy of registration email receipt)

_____ Reimbursements for pre-approved requested purchase (explain and send receipt)

FOR TREASURER'S USE ONLY

Date Issued _____ Check number _____

Charged to what budget item _____

Notes: _____
