Date: _____

Submitted By:

Name: _____

Address: _____

Phone: _____

Reason for expenses: _____

Type of expense (check one): ☐ Eichler Club ☐ Swim Team

Date	Place of Purchase	Description of Purchase	Amount

Total Amount Requested: $ -

Expenses must be approved before being reimbursed: **Date**

Approved by: _____

2nd signature (if over $500): _____

Check number issued: _____

For swim team, reimbusement will be by PayPal. Please provide your PayPal email address:

_____