EXPENSE REIMBURSEMENT REQUEST

KLAHAYA SWIM TENNIS CLUB

Receive Reimbursement Check by (*check one*):

☐ mail

☐ pick up at Treasurer's home

DATE SUBMITTED:	
NAME:	

DATE	PAID TO:	PURCHASED ITEMS:	ACTIVITY (i.e. Office, Swim Team)	AMOUNT
				$ -

APPROVED BY:	
DATE PAID:	
CHECK #:	

COPIES of receipts must be ATTACHED when submitting this form for payment - thank you.

Please submit this form to the TREASURER or email to treasurer@klahaya.net