

**Southern Pacific Masters Swimming  
CHECK REQUEST FORM**

**Instructions:**

Please print or type legibly. Attach receipts chronologically, as the expenses occurred. You may use the reverse side for additional explanation or itemization.

You may submit this form & receipts via mail, e-mail, or fax.

**Mail:**

SPMA Treasurer  
c/o Bob Eberwine  
1840 S. Gaffey St. #419  
San Pedro, CA 90731

e-Mail: [SPMATreasurer@USMS.org](mailto:SPMATreasurer@USMS.org)

Fax: (310) 957-2370

**Requester Name:**

**Address:**

**City, State, Zip:**

**Make Check payable to Third Party:**

**Address:**

**City, State, Zip:**

EXPENSE TYPE	AMOUNT	EXPLANATION OF EXPENSE
Awards	\$	
Clinics/Seminars	\$	
Printing/Copying	\$	
Telephone/Fax	\$	
Postage/Mailing	\$	
Office Supplies	\$	
Convention Expenses	\$	
Regional/National Entry Fees	\$	Name of meets:
Equipment	\$	
SPMA Membership Reimb.	\$	
Other: (Please Specify)	\$	
<b>Total Reimbursement</b>	<b>\$</b>	

**Signature of Requester:**

**Date:**

**APPROVALS**

**Committee Chair/Officer:**

**Date:**

**Treasurer:**

**Date:**