

**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

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) | \$ | |
| Total Reimbursement | \$ | |

Signature of Requester:

Date:

APPROVALS

Committee Chair/Officer:

Date:

Treasurer:

Date: