

**Souther Pacific Masters Swimming
CHECK REQUEST FORM**

Office/Title:

Date:

Instructions:

Please print or type legibly.

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

Email completed request to: allenhighnote at yahoo.com or mail them to:

**Allen Highnote, Treasurer
PO Box 3298
Long Beach, CA 90803**

Requester Name:

Address:

City, State, Zip:

Make Check payable to Third Party:

Address:

City, State, Zip:

EXPENSE TYPE	AMOUNT	EXPLANATION OF EXPENSE
Printing/Copying	\$	
Telephone/Fax Cost	\$	
Postage/Mailing	\$	
Office Supplies	\$	
Convention Expenses	\$	
Nationals Entry Fees	\$	Name of meets:
Regional Entry Fees	\$	Name of meets:
SPMA Membership Reimb.	\$	
Others: (Please Specify)	\$	
Total Reimbursement	\$	

I hereby submit this request for reimbursement of expenses incurred by me on behalf of SPMA, Inc.

Signature of Requester:

APPROVALS

Committee Chair/Officer:

Date:

Treasurer:

Date: