

Request for Expense Reimbursement or Payment

Print the form, obtain appropriate signature(s) and attach all supporting documents

USE A SEPARATE FORM FOR EACH CATEGORY OF EXPENSE - EXPENSES IN THE SAME CATEGORY MAY BE COMBINED ON ONE FORM

Personal Information

First Name	Last Name

Expense Information

Date (dd-mm-yyyy)									
Please circle Category	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Building Maintenance</td> <td style="width: 50%;">Social</td> </tr> <tr> <td>Grounds Maintenance</td> <td>Swim Team</td> </tr> <tr> <td>Pool & Deck Maintenance</td> <td>Tennis</td> </tr> <tr> <td style="text-align: center;">Other</td> <td></td> </tr> </table>	Building Maintenance	Social	Grounds Maintenance	Swim Team	Pool & Deck Maintenance	Tennis	Other	
Building Maintenance	Social								
Grounds Maintenance	Swim Team								
Pool & Deck Maintenance	Tennis								
Other									
Purpose & brief description of expense - use the back of the form if more space is needed. If the vendor will be billing HHSC directly, indicate that here as well.									
Make check payable to:									
Send check to: Be specific - the default is to leave it at the pool for pickup									
Amount (Attach receipt)									

CLAIMANT

I certify that all expenses submitted are accurate and were incurred by me on behalf of Heart of the Hills Swim Club.

Signature

Date

APPROVAL

I have reviewed the expense claim and authorize payment.

Signature

Date

Title (All expenses must be approved by a Board member or their designated representative.)