

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 note Category	
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.)