

KBGH Swim Club Expense Reimbursement Request

Name _____ Date _____

Check Cash

If check, Payee & Address: _____

Total Amount of Reimbursement: _____

Subtotals by category:

Amount	Main Category	Reason/Sub-Category
	Office Supplies	
	Swim Team (request must be submitted to swim team coordinators)	
	Snack Bar Concession	
	Maintenance	
	Social	
	Kids Program	
	Swim Lessons	
	Consumable Pool Supplies	
	Miscellaneous	

Attach all receipts. Provide an explanation is no receipt is available.

