

SOUTHERN CALIFORNIA SWIMMING

Volunteer Reimbursement Request

For reimbursement, this form (separate form for each program) and all receipts should be submitted by using one of the following options:

Expenses submitted later than 60 days will not be reimbursed.

Mail directly to:

Southern California Swimming
29000 S. Western Ave., Ste. 304
Rancho Palos Verdes, CA 90275

Email to: officemanager@socalswim.org

Name & Club:

Mailing Address:

City/State/Zip:

Telephone #:

Email:

Telephone	Other (detail specifics):
Postage	
Gas-Mileage	
Supplies	
Travel	
Expenses:	
Airfare	
Ground	
Lodging	
Other	
Total Request: \$	

The above expenses were incurred carrying out duties for the program of:

_ Date: **Signature:**

Committee/Approval by: _____ Date: _____

Directions:

1. Fill out form completely. The person requesting reimbursement must date and sign the form. Receipts are required. The reimbursement check will be issued to the person or party named on the first line.
2. For expenses to be taken from geographic committee funds, the form **MUST BE SIGNED** in the highlighted box by either the committee chair OR treasurer.
3. Expenses to be taken from the age group or senior fund must be approved by the age group or senior vice chairs
4. Receipts may be submitted with the form by mail OR scanned and included in an e-mail with the completed form.