

**STONEGATE SWIM TEAM**  
**EXPENSE REIMBURSEMENT FORM**

**PLEASE ATTACH EXPENSE RECEIPTS TO FORM**

Name \_\_\_\_\_

Date \_\_\_\_\_

Contact Info \_\_\_\_\_ (phone or email)

Revenue      Total      \_\_\_\_\_

Expenses	Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
		_____
<b>TOTAL EXPENSES</b>		=====

For use by Treasurer

Date Paid _____	Amount _____
Check # _____	Paid by _____