

UTAH SWIMMING, INC.

DISBURSEMENT/REIMBURSEMENT REQUEST

For Reimbursement, submit this form, completed with all invoices or receipts to:

Brent Bunnell, Treasurer
585 West 10 North
Lindon, UT 84042

Requester Section:

Requester Name:

Telephone:

Date:

Make Check Payable to Section:

Name:

Address:

City, State, Zip:

Business Purpose for Expense:

Payment Information:

	<u>Item #1</u>	<u>Item #2</u>	<u>Total Amount of Check</u>
Invoice #, if applicable:			
Expense Acc't to be Charged: (i.e. Officials Clinic, Postage)	_____	_____	
Dollar Amount:	\$ _____	\$ _____	\$ _____

Requesters Certification Signature:

I certify that this disbursement is a true expense of Utah Swimming, Inc. and has not been reimbursed or paid from any other source. If this disbursement is an ADVANCE OF FUNDS, I promise to provide all receipts for the intended expenditures, and to return to the Treasurer any unused balance within 60 days of receipts of funds.

X _____
requesters signature

Date
