

Expense Reimbursement Claim

LABC - Swim Team

Staple receipts to the
back of this form here.

Name: _____ Phone #: _____

Receipt Date	Expense Description	Budget Category	Vendor/ Merchant	Amount
(MM/DD/YY)	(Postage, Food, Trophies, Etc.)	(Decorations, Snacks. etc.)	(Hobby Lobby, HEB, etc.)	(Receipt amount excluding tax*)
				\$
				\$
				\$
				\$
				\$
Total Reimbursement Amount				\$
<i>*Tax is not reimbursable</i>				
Note:				

I agree that all expenses submitted on this claim are for LABC Swim purposes only.

Requester Signature

Date

Please submit this form to the LABC Swim Booster Treasurer or a Booster Officer for payment.

OFFICE USE ONLY	Date Approved: _____
Check No: _____	Amount of Check: _____
Booster Club Board Member Approval Signature: _____	
Booster Club Board Member Approval Signature: _____	