

Hawaiian Swimming

Request for Payment or Reimbursement Form

Date:

Payable To:
Address:

Expense Account / Event

Description

Amount

\$

Check Total: \$

IMPORTANT

Please attach all *original* receipts and submit to Hawaiian Swimming Treasurer.

Requested By (Print):

Approved By (if approval at a Board meeting, give date):

April 17, 2011 HOD Meeting

Check Number:

Check Date:

Treasurer's Initials:

**FOR AUDIT
COMMITTEE ONLY**

Audit Date

Audit Committee Initials

Comments:

Hawaiian Swimming · c/o Lynne Nakamura · P.O. Box 893193 · Mililani, HI 96789

Rev. 11/2007 (CHKREQ.DOC)