



Virginia Swimming Inc.  
Reimbursement Request Form



Date of Request: \_\_\_\_\_

\_\_\_\_\_ **Expense Reimbursement** (for periodic expenses such as printing, postage, office supplies, telephone, etc.) **Please attach receipts.**

\_\_\_\_\_ **Check Request** (for specific expenditures such as Zone Team, Awards Banquet, travel, awards, etc.) **Requires approval of a Committee Chair, Administrative Vice-Chair, or the General Chair.**

Pay to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Amount: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

Forward request to: **Bill Geiszler  
1407 Dulles Court  
Richmond, VA 23235  
(804) 745-1248**

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_