Zone Reimbursement Request

For reimbursement, this form (separate form for each vendor being reimbursed) and all receipts should be submitted by email.

Email to: Eastern Zone - Mary Fleckenstein mjfleck333@hotmail.com Mary will forward to: volreimb@usaswimming.org

PAYMENT TO:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Reimbursement requested as follows:

Telephone	$ _____	Other Expenses – List below: (detail specifics)
Postage	_____	_____
Duplicating	_____	_____
Supplies	_____	_____
Travel Expenses:		
Airfare	_____	_____
Ground Trans	_____	_____
Lodging	_____	_____
Mileage	_____	
Total Request:	$ _____	

The above expenses were incurred carrying out duties for the Zone (Include Zone Name):

_____

Signature of Secretary/Treasurer: _____

Date: _____ Signature of an additional Zone Director: _____

National Headquarters, Approval of Zone Authorizations: