



Virginia Swimming Inc.
Reimbursement Request Form



Date of Request: _____

_____ **Expense Reimbursement** (for purchases or travel made for Virginia Swimming and paid for by the requestor). **Please attach receipts.**

_____ **Check Request** (for a payment to be made to a vendor for materials or services provided to Virginia Swimming). **Requires approval of a Committee Chair, Administrative Vice-Chair, or the General Chair.**

Pay to: _____

Address: _____

Email: _____

Telephone: _____ Amount: \$ _____

Purpose: _____

Requester's Signature: _____

Approved by: _____ Title: _____

Forward request to: **Bob Rustin**
8208 Chainmale Road
North Chesterfield, VA 23235
804-276-9220

Amount Paid: \$ _____ Date: _____ Check #: _____