

Expense Reimbursement/ Request for Payment Form (Effective 1/1/25)

Reimburse/Remit To: _____ Address: _____

Requestor: _____

Expense Dates: _____

Purpose: _____



Expense Reimbursement	Notes	Explantation
Travel and Lodging	Include receipts	
Meals	Receipts or per diem	#Breakfasts (\$6)_____ #Lunches (\$7)_____ #Dinners (\$12)_____
Miles	Miles x \$ 0.70	
Other		
Other		
Total Expenses	\$	

Request for Payment	Explanation
\$	
\$	
\$	
Total Expense	\$

Please include receipts or invoices. All expenses and payments greater than \$250 must be approved in advance.

All reimbursements need to fall into a budgeting category. If an item does not, it will need to be approved by the THSC Board.

Please submit this form and receipts to treasurer-ap@thunderboltswimming.org