Arizona Swimming, Inc.

Expense Report & Request for Reimbursement

(Attach receipts to back of form here)

Page ___ of ___

Name _____ C* _____ Period Covered _____

Date	Vendor		Purpose	Acct No.	Estimated Amount	Actual Amount
			Total from other pages			
			Total expenses		-	-
			Less:			
			-Advances from AZ Swim.			
			-Purchases on AZ Swim. credit card			-
			-AZ Swimming direct pay			
			Net Expense Reimbursement due		-	-

Signature _____ Date _____

Reimbursement Approval _____ Date _____ C

*C = Company credit card charge

Rev 01-05

Please do not write in the shaded area.