



# Arizona Swimming, Inc.

Expense Report

(Attach receipts to back of form here)

Page \_\_\_\_ of \_\_\_\_

(Name)

Receipt Codes:

No receipt

Personal credit card / cash

AzSI credit card

(Date)

	Date	Vendor Name	Receipt	Purpose	Account Number/ Department	Amount	
	MM/DD/YY	name of vendor	##	why the expense was incurred, with whom	NNNN.DD	dd,ddd.cc	
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
				<b>Total from other pages</b>		0.00	
				<b>Total expenses</b>		0.00	
				<b>Less:</b>			
				-Advances from Arizona Swimming			
				-Purchases on Arizona Swimming credit card			
				-Arizona Swimming direct pay			
				<b>Net Expense Reimbursement Due</b>		0.00	

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval \_\_\_\_\_

Date \_\_\_\_\_

Do not write in shaded areas.

0

Expenses for

#####

Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	
NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	
													1
													2
													3
													4
													5
													6
													7
													8
													9
													10
													11
													12
													13
													14
													15
													16
													17
													18
													19
													20
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	
0.00 <b>Proof (Note: Anything other than 0.00 is incorrect)</b>													

Do not write in shaded areas.



**Arizona Swimming, Inc.**  
Expense Report

**Continuation Page**

(Attach receipts to back of form here)

Page \_\_\_\_ of \_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name)

Receipt Codes:

- No receipt
- Personal credit card / cash
- AzSI credit card

	Date	Vendor Name	Receipt	Purpose	Account Number/ Department	Amount	
	MM/DD/YY	name of vendor	##	why the expense was incurred, with whom	NNNN.DD	dd,ddd.cc	
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
<b>Total expenses this page</b>						0.00	

0

Expenses for

#####

Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	Name / Account number	
NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	
													21
													22
													23
													24
													25
													26
													27
													28
													29
													30
													31
													32
													33
													34
													35
													36
													37
													38
													39
													40
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	NNNN.DD	

**0.00 Proof (Note: Anything other than 0.00 is incorrect)**