

Swallow Education Foundation Inc.
Reimbursement Request

Date: _____

Your Name _____ Phone _____

Check Payable to _____

Address to mail check _____

Event _____ Amount \$ _____

Reason for Reimbursement _____

Signature of Committee Chair _____

Signature of Person Submitting Request _____

All requests submitted by the 1st of the month will have checks cut on the 15th.

Receipt(s) totaling the amount of reimbursement must be attached.

Approved by (Foundation Officer) _____ Date _____

Approved by (Foundation Officer) _____ Date _____

For Treasurer's Use Only

Event _____ Check# _____ Amount \$ _____

Dated _____ Mailed _____ Logged _____