

Tilden Woods Swim Team
Check Request Form

Date _____

Please check one:

____ Reimbursement for expenses incurred

____ Bill to be paid

Pay to:

Name and full address of the person or company that should receive the check

Phone number:

Total amount (Please circle or highlight items purchased on receipt)

Expense description: (eg. Donuts for A meet concessions)

For reimbursements all receipts (or a credit card bill for a single expense) must be attached.

For bills to be paid, attach a copy of the bill.

Questions? Contact Lisa Cirillo at cirillo.home@verizon.net