

# METROPOLITAN SWIMMING INC.

## REIMBURSEMENT / EXPENSE VOUCHER



NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ NY ZIP: \_\_\_\_\_

REIMBURSE: \_\_\_\_\_ PAY VENDOR: \_\_\_\_\_

DATE	CHECK MADE PAYABLE TO	COMMENTS / EXPLANATION	AMOUNT
		<b>TOTAL:</b>	

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SEND PAYMENT TO: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMIT COMPLETED VOUCHER TO: METRO TREASURER –  
12 SHEA KNOLLS CT – CAMPBELL HALL, NY 10916

**PLEASE ATTACH RECEIPTS. THEY MUST NOT BE OVER 30 DAYS OLD**

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RETURNED FOR CLARIFICATION – DATE: \_\_\_\_\_

APPROVED BY CHAIR/COMMITTEE: Yes \_\_\_ No \_\_\_ DATE: \_\_\_\_\_

PAID CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_ (MVI 10-34)