EXPENSE REPORT

South Shore Swim Club

6736 Hylan Boulevard
Staten Island, NY 10309

☐ REIMBURSEMENT OF EXPENSES
☐ DEBIT CARD SUBSCRIPTION
☐ REQUEST FOR FUNDS
☐ DEBIT CARD TRANSACTION

BUDGET / PROJECT / CODE

REQUESTED BY	
CERTIFICATE NUMBER	

EXPENSE PERIOD	
FROM	TO

DATE	DESCRIPTION	REASON	AMOUNT

TOTAL REQUESTED _____

REQUESTOR _____
SIGN PRINT

1st REVIEWER _____
SIGN PRINT

2nd REVIEWER _____
SIGN PRINT

CHECK #	ISSUED DATE	AMOUNT

AUTHORIZED BY

SIGN PRINT

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