IOWA SWIMMING, INC.
ISI BOARD REIMBURSEMENT APPLICATION FOR EXPENSES

Postage	. . . . .	$ _____
Printing	. . . . .	$ _____
Supplies	. . . . .	$ _____
Phone	. . . . .	$ _____
Travel	. . . . .	$ _____
Other	. . . . .	$ _____
	TOTAL EXPENSES	$ _____

Name: _____

Address: _____

City: _____State: _____ Zip: _____-_____

Event or Month Applied for: _____

Check payable to: _____

Receipt Detail:

Date	Vendor	Purchased	Cost
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

Attach all receipts & mail to ISI Treasurer

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