



GREEN VALLEY SWIM TEAM

Request for Payment
Submit To Treasurer

DATE OF REQUEST	
PAYABLE TO <i>(Address)</i>	
REQUESTED BY	

AMOUNT	REASON
	Refund for Stroke Clinic Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 1st child <input type="checkbox"/> 2nd child <input type="checkbox"/> Swimmer's Name:
	Refund for Registration Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> 1st child <input type="checkbox"/> 2nd child <input type="checkbox"/> Swimmer's Name:
	Reimbursement: Attach Receipt 1)
	Reimbursement: Attach Receipt 2)
	Reimbursement: Attach Receipt 3)
	Other:

Request Approved By	
President	
Treasurer	
Board	

Disposition By	
Mail (date)	
Other	
Check No.	

MEMO: