



ORANGE HUNT SWIM CLUB, INC. (OHSC)

Reimbursement Form

For Official Use Only
Date:
Init:

Date Submitted: _____

Project Name or Description: _____

REIMBURSEMENT TO:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

DELIVERY METHOD: Mail reimbursement to address above Phone when reimbursement ready to arrange pick up Email when reimbursement ready to arrange pick up

Item Description	Purchased from (store/vendor)	Date Purchased	Reimbursement Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
TOTAL REIMBURSEMENT			\$

Receipts Attached: Yes No

Signature: _____

OFFICIAL USE ONLY

Date Request Received:	Date Processed:	Check Issued:
Account :		
Notes:		

Submit Forms to:

Orange Hunt Swim Club, Inc.
P.O. BOX 2012
Springfield, VA 22152
Attn: Treasurer

Or Email to:

treasurer@orangehuntswimclub.org