

GULF SWIMMING
EXPENSE ACCOUNT FORM

Name - Last, First MI

Street Address

From Date

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City State Zip

To Date

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Purpose of Expenditure/Business _____

DATE	PLACE	DESCRIPTION OF EXPENSE	AMOUNT
PER DIEM (Per Diem Policy, page Error! Bookmark not defined.) x ____ DAYS =			
DATE	NO. IN PARTY	PERSONS ENTERTAINED-NAME, TITLE, FIRM/AFFILIATION	BUSINESS PURPOSE
TOTAL			

To the best of my knowledge, all of the above information is true and correct.

SIGNATURE _____ DATE _____

1. Receipts for all expenditures must be attached. There will be no reimbursements for undocumented expenditures. The only exception is for mileage, which is reimbursed at the current IRS allowance (\$0.485/mile for 2007).
2. For authorized travel, reimbursement is at the per diem (Per Diem Policy, page **Error! Bookmark not defined.**). Registration, airfare, and hotel room will be paid by Gulf Swimming.
3. Other expenses, stamps, awards, etc., must be authorized by the Treasurer or the General Chair.
4. Per Diem days are counted based upon the number of nights.
5. Mail completed forms, along with all receipts to:

Tom Hasz
1911 Shadow Forest Drive
Katy, TX 77494

