

Balcones Woods Swim Team
2010 Check Request

Fund/Account/Committee _____

Requested By _____
Date of Request _____
E-mail Address _____
Amount \$ _____

*Balcones Woods Swim Team does not reimburse sales tax
Sales Tax Exempt # 74-1698285*

Explanation of expenditure:

Check one:

Reimbursement Request (please attach original receipts)

(check will be mailed directly to YOU unless otherwise noted here)

Name _____
Address _____

Check to vendor

(please attach a **copy** of the vendor order form to this form)

The check will be mailed directly to the vendor

Vendor Name _____
Vendor Address _____

Any questions - please e-mail Julie Vander Stoep jvanderstoep@austin.rr.com

Treasurer's Use Only:

Check # _____
Date Issued _____