

Balcones Woods Swim Team Check Request Form

Fund/Account/Committee _____

Requested by: _____

Date of Request: _____

E-mail Address: _____

Amount (\$) : _____

Note: Balcones Woods Swim Team does not reimburse sales tax. Our tax ID is 74-1698205. See the sales tax exemption form on the Blue Wave website at: http://www.balconeswoods.org/bluewave/2011/Forms/Tax_Exemption_Form.pdf

Explanation of Expenditure:

Check one:

_____ **Reimbursement Request** (please attach original receipts)
(The 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: _____

