



New Trier Swim Club

MEMBER EXPENSE REPORT

<u>Description of Expense:</u>	
<u>Amount:</u>	<u>Please Pay (Check One):</u> _____ Member _____ Vendor:
<u>Date of Expense:</u>	
<u>Name of Member Incurring Expense:</u>	<u>Member Address:</u>
<u>Vendor Name (if applicable):</u>	<u>Vendor Address :</u>
<u>Signature of Member incurring Expense:</u>	<u>Exec Member/Committee Head Signature:</u>
No expense will be reimbursed without the receipt(s)/invoice (s) and approval from Exec/Committee Head	

To be filled out by Treasurer:
Date:
Amount:
Check/Bank Electronic Payment #