GULF SWIMMING
EXPENSE ACCOUNT FORM

Name - Last, First MI

Street Address

From Date

City State Zip

To Date

Purpose of Expenditure/Business _____

DATE	PLACE	DESCRIPTION OF EXPENSE	AMOUNT
		PER DIEM ($ 00.00 per day) x _____ NIGHTS =	

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 ($0.58/mile for 2019).**
2. For authorized travel, reimbursement is at the per diem (Per Diem Policy, page 7-6).
3. Other expenses, stamps, awards, etc., must be authorized by the Finance Vice-Chair or the General Chairman.
4. Per Diem days are counted based upon the number of nights.
5. Mail completed forms, along with all receipts to:

Gulf Swimming
Tom Hasz
1911 Shadow Forest Drive
Katy, TX 77494