SHARONVILLE SHARKS SWIM TEAM

EXPENSES FOR REIMBURSEMENT

Date:

Description of Supplies (Please describe and list the quantity purchased):

Description	Qty	Total

Reason for purchase:

Name (as it is to appear on check):

Swim Folder Family Name (if different):

Address:

Phone Number:

Please put this form with the original receipt in an envelope and return to Donna Steinmetz. Place in envelope in the Steinmetz swim mailbox folder (during swim season) or mail to:

Donna Steinmetz – Sharks
11058 Allenhurst Blvd. E
Cincinnati, OH 45241

You can email the form and receipt to Donna @ markdonnanathan@hotmail.com If you have questions, call Donna at 563-7144. Reimbursement checks will be placed in family folders on Monday mornings, unless other arrangements are made.