

**MINNECHAUG SWIM & TENNIS CLUB, INC**  
**EXPENSE REIMBURSEMENT**

In order that you may receive timely reimbursement for expenses paid by you on Minnechaug's behalf, the below information should be provided. Failure to comply will delay your reimbursement and could cost the Club additional bookkeeping fees.

1.) Amount of reimbursement requested: \$\_\_\_\_\_

2.) Check requested payable to: \_\_\_\_\_

3.) Mail check to the following address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4.) Indicate by check mark what expense category to charge, if more than one category applies indicate which categories and how much should be charged to each category

\_\_\_\_\_ Grounds Maintenance

\_\_\_\_\_ Building Maintenance

\_\_\_\_\_ Pool Maintenance

\_\_\_\_\_ Tennis Maintenance

\_\_\_\_\_ Pool Programs

\_\_\_\_\_ Tennis Programs

\_\_\_\_\_ Social

\_\_\_\_\_ Membership

\_\_\_\_\_ Accounting/Office

\_\_\_\_\_ Capital/Other

5.) Brief explanation of expense/activity: \_\_\_\_\_

\_\_\_\_\_

6.) Original receipt must be stapled to this form.

7.) This form must be mailed to:

Minnechaug Swim & Tennis Club, Inc.  
P.O. Box #188  
Glastonbury, CT 06033

Any questions please Email [treasurer@minnechaug.org](mailto:treasurer@minnechaug.org)

Committee Chair Approval \_\_\_\_\_ Date Paid \_\_\_\_\_