EICHLER SWIM & TENNIS CLUB

3539 Louis Road
Palo Alto, CA 94303

GENERAL EXPENSE REIMBURSEMENT FORM

DATE	PROJECT DESCRIPTION	ITEM DESCRIPTION	PLACE OF PURCHASE	RECEIPT / TRANSACTION #	AMOUNT
TOTAL					

Submitted by:
Address:
Phone #:
Date:

Club Manager approval (signature):

BOG member review (signature):

Note: please attach receipts to this form and submit to the Club Manager