REQUEST FOR BOD SPENDING APPROVAL

PACIFIC SWIMMING

FROM:			
DATE of REQUEST:		**BOD Motion ID Number:**	
BOD Approval Date:		**Original Budget Amount:**	$ -
		Approved Not to Exceed:	$ -

Please describe the program, activity or expense.

Include number of participants, date of the activity, location, etc.

Date(s)	Program - Event	Location or Facility	# of Participants

Other Information:

Please list the details of the proposed spending:

List breakout of expenses such as airfare, rooms, meals, printing costs, supplies, rentals, etc.

Budget Line:	Details:	Amount:
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
	Total Amount Requested:	$ -
# of Participants:	**Participant Co-Pay (If Applicable):**	$ -