## **SWEMBA Umpire Reimbursement Form**



Name (Expense Payable to):				
Team Name:				
EFT Information				
Name	Bank#	Transit #	Account#	Notes
Joe Umpire	0001	05209	7030-444	Example only
Date	Number of Games Played	Description - Who Issued the Receipt	Total	
			Total *Include all umpire receipts with form	
Date Submitted:				

Email expense form, Receipts/Invoices, and direct deposit form(if required) to Treasurer at treasurer@swemba.ca

SWEMBA prefers to pay by EFT. If you have not been paid by SWEMBA before, please send a direct deposit form for your bank account or fill out the information above. If your bank account has changed from a previous payment, please send the new direct deposit form.