

APPENDIX A-2

ATHLETE TRAVEL REIMBURSEMENT FORM

ATHLETE NAME: _____

USA SWIMMING REG# _____ PHONE: _____

PAY TO ORDER OF NAME FOR CHECK: _____

SEND CHECK TO ADDRESS: _____

CLUB: _____ COACH: _____

NAME OF MEET: _____ DATE(S): _____

MEET LOCATION: _____

Fill in Reimbursement Request below. Write Ref# on receipt. List each meal separately, include date.

<u>Ref#</u>	<u>Description</u>	<u>Amount Claimed</u>
1	Commercial travel Air/Train/Bus	_____
2	Personal Auto Travel _____miles @ \$.30/mile	_____
3	Lodging from _____ to _____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

XXX Carry over amount from attached sheet(s) if required _____

TOTAL REQUESTED: \$ _____

Required Attachments: Meet results (pages with your name/results) and all receipts.

SUBMIT TO NMSI TREASURER WITHIN THIRTY (30) DAYS AFTER EVENT.

NMSI will reimburse swimmers the amount allowed by the "New Mexico Swimming Rules and Regulations Manual Section 11.0." Information is available on the NMSI web site: www.nmswim.org.

I certify the above requested amounts are valid costs incurred traveling for the listed meet, and are not being reimbursed from any other source.

Date: _____

Signature of Traveler: _____

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PAGE 2

SWIMMERS NAME: _____ TRAVEL DATES: _____

<u>Ref#</u>	<u>Description</u>	<u>Amount Claimed</u>
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____

TOTAL THIS PAGE: \$ _____

Write this amount in space provided on page one