

USA SWIMMING
South Texas Swimming
REQUEST FOR REIMBURSEMENT

Date of submission _____

Applicant's name: _____ USA-S Registration # _____

Address: _____

City: _____ Zip+4 _____

Phone: _____ e-mail address: _____

Club: _____ Code: _____ Coach: _____

Name of Meet OR Event: _____

Meet OR Event Location: _____

Dates of Meet OR Event: _____

DUE IN South Texas Swimming Office: request must be postmarked no later than thirty-one (31) days after the last day of competition at the meet for which the reimbursement is requested.

NOTE: Requests for reimbursement without full documentation with receipts will not be processed.

Travel Costs \$ _____ Lodging Costs \$ _____

Entry Fees Paid \$ _____ Meal Costs \$ _____

Miscellaneous Costs \$ _____ Total claimed \$ _____

NOTE: Attach all documentation and receipts. Meals will not be reimbursed without the actual restaurant receipt; a credit card receipt will not be sufficient.

ATHLETES: Number of Individual events swum (no time trials or relays) _____

Individual Event Number, Names and date swum each event: _____

_____ Team Represented

_____ Team Address

_____ Team city, state, zip

_____ Applicant's Signature

_____ Coach's Signature

Please submit this completed from prior to the deadline dates noted above to

South Texas Swimming, Inc. * P.O. Box 781383 * San Antonio, TX 78278