NLSC Anchorage Boosters
Travel Assistance Reimbursement Request*
P.O. Box 110754, Anchorage, AK 99511

Swimmer's Name: _____
First M.I. Last

Submitted by: _____ Date: _____

Send Check To:

Name: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Primary E-mail: _____

Meet: _____ Date(s): _____

Meet Expense Categories (please attach all itemized receipts for the following requests)

Transportation Airfare: _____ (cost of ticket) **or** Car: _____ (# of miles driven)

Accommodations Hotel: _____ # of nights x $ _____ per night

Coach's Travel Fee _____ (see meet entry form)

For Treasurer's Use Only: Date Received: _____

	Requested		**Maximum Claim (per travel budget)**
Transportation Total			
Accommodations Total			
Coach's Travel Fee Total			
Total			

For all travel apply budgeted reimbursement rate against the lower of the two totals

Amount Reimbursed by NLSC Anchorage Boosters: _____

Amount not Reimbursed by NLSC Anchorage Boosters: _____

Date Check Sent: _____

* The NLSC Anchorage Boosters will disperse funds for travel assistance for budgeted competitions only. Once budgeted travel assistance funds have been depleted no further requests will be funded.