Arkansas Swimming Inc.
Athlete Swim Meet Reimbursement Request

Mark Appropriate Category: _____ USA Swimming Junior or NCSA Junior Championships
_____ USA Swimming Spring or National Championships
_____ Olympic Trials

The completed form and documentation of all expenses, including original receipts (as required by the IRS), must be received by the ASI Treasurer within thirty (30) days following the swim meet for which reimbursement is requested. After eligibility requirements have been verified by the ASI Membership/Registration Chairman, the reimbursement request will be processed by the ASI Treasurer.

Name: _____ USA Swimming Number _____
Last First MI

Address: _____ Phone: _____

_____

_____
City / State / Zip

Club: _____ Coach: _____ Phone: _____

Swim Meet Information

Name of Meet: _____ Dates of Meet: _____

Location of Meet: _____ Host LSC: _____
City / State

Event	Time	Place

Event	Time	Place

Total Transportation Expenses _____ **Total Lodging Expenses** _____

Total Meals Expenses _____ **Total Miscellaneous Expenses** _____

Other reimbursements received for this request (e.g.: USA Swimming, Sectional, ConocoPhillips, your Club)

_____
Athlete Signature

_____
Coach or Parent Signature

_____
Today's Date

_____
Today's Date