

OKLAHOMA SWIMMING, INC.

SWIMMER'S ASSISTANCE

REQUEST FORM

DEADLINE – 30 DAYS AFTER MEET

Expenses incurred while competing in the _____

(NATIONAL or JUNIOR CHAMPIONSHIPS, U S OLYMPIC TRIALS, U S OPEN,
DATE AND LOCATION)

SWIMMERS NAME _____

Individual or Club to receive payment

ADDRESS _____

Street or P.O./City/State/Zip

TELEPHONE _____

CLUB _____

ALLOWABLE EXPENSES: (Include all receipts except meals)

EVENTS ENTERED:

(NO TIME TRIALS)

Transportation:

Day 0: _____

Air Fare

\$ _____

Mileage: _____

Day 1: _____

Vehicle:

Day 2: _____

Rental _____

Parking, Etc. _____

Day 3: _____

Lodging _____

Meals _____

Day 4: _____

Entry Fees _____

Other: _____

Day 5: _____

TOTAL EXPENSE _____

Day 6: _____

TOTAL ASSISTANCE \$ _____

Office Use Only

DATE _____

SIGNATURE _____

ASSIGNMENT NAME AND ADDRESS: (Use only to assign funds to someone other than swimmer)

NAME: _____

ADDRESS: _____

CITY, ST ZIP: _____

Submit To: Debbie Hayes, Treasurer, P. O. Box 295 Jenks, OK 74037-0295, (H) 918-299-4774

DO NOT WRITE IN AREA BELOW

ACCT. # _____

AMT. _____

Date Rec'd _____

Date Paid _____

ACCT. # _____

AMT. _____

Total Paid: _____

CHECK # _____