 **NATIONAL TRAVEL REIMBURSEMENT for COACHES**

# MINNESOTA SWIMMING REIMBURSES A PORTION OF TRAVEL TO DESIGNATED SWIM MEETS

**Reimbursement Amounts: Summer 2021**

USA Olympic Trials Wave I or Wave II June 4-7, 2021 Omaha, NE $800.00

 June 13-20, 2021

2021 Speedo Summer Championships August 3-7, 2021 Various $450.00

MINNESOTA SWIMMING REQUIREMENTS FOR COACH REIMBURSEMENT TO NATIONAL MEETS

MSI Legislation Passed 11/16/2010: To allow one coach per club to apply for a single share of reimbursement equal to that of an athlete’s reimbursement for a given meet.

1. The applying Coach must be a member in good standing with a current Minnesota Swim Club.

2. The applying coach must have attended the meet for which he/she applies for reimbursement.

3. This coach must have coached athletes from his/her team at the meet for which he/she requests reimbursement.

4. A club may request reimbursement for one **(1) coach per season**.

5. For verification purposes, the **coach must submit a copy of their flight or hotel receipt** (with name and dates) pertaining for the meet requested.

 (Send as an email attachment, along with this reimbursement form.)

**Summer 2021 Request Forms Must Be Received by September 30, 2021**

**Reimbursement Request Form Directions**:

* Download this form to your computer desktop. Tab through the document to complete. Save.
* Send an email to MNSI Office (dwentzel@mnswim.org and tmeece@mnswim.org), with this completed request form as an attachment.
* Attached your coach hotel or flight “proof” on the same email.

**MINNESOTA SWIMMING COACH NATIONAL TRAVEL REIMBURSEMENT REQUEST FORM**

**Swim Club Requesting Funds:** **Club Code:**

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| --- | --- | --- |
| **COACH'S NAME** | **SWIM MEET NAME** | **AMOUNT REQUESTED** |
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|       |       |  |
|
| **SWIM MEET LOCATION** | **SWIM MEET DATES** |   |
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|       |       | $       |
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Coach’s Day Phone #:       E-Mail Address:

Total Amount Requested: $       Date Requested:

(Checks are payable to clubs only)

Date Email Request Rec’d by MNSI:

Proof of Meet Attendance Received: [ ]  YES [ ]  NO Type of Proof: [ ]  Hotel Receipt [ ]  Flight Receipt

TOTAL AMT APPROVED: **$**

Date Paid:       Amount Paid: $