

National Travel Reimbursement for Coaches

Attending Disability Swimming Meets

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

**REIMBURSEMENT AMOUNTS**

Fall/Winter 2015-16

2015 California Classic (IPC)

 September 12-13, 2015 Yucaipa, CA $300

Fred Lamback Disability Meet (USPC)

 October 24-25, 2015) Augusta, GA $250

2015 CanAm Open (IPC)

 December 10-12, 2015 Bismarck, ND $400

Jimi Flowers Classic (IPC)

 January 16-17, 2016 Colorado Springs, CO $300

Spring/Summer 2016

Central Oklahoma para-Swimming Open (IPC)

 March 5-6, 2016 Edmond, OK $300

Cincinnati Para-Swimming Open (IPC)

 May 7-8, 2016 Cincinnati, OH $250

US Paralylmpic Team Trials (USPC)

 June 30 – July 2, 2016 Charlotte, NC $600

CanAM Championships (IPC)

 July 29-31, 2016 Canada (TBD) $300

MINNESOTA SWIMMING COACH REQUIREMENTS FOR REIMBURSEMENT

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

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

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

4. A club may only collect from one (1) coach per meet, per season.

5. For verification purposes, the **coach must submit a copy of their flight or hotel receipt** (with name and dates) pertaining to meet requesting. (Send this as an attachment along with the reimbursement request form.)

**Request Form Directions for Completion & Submission:**

Download this form to your PC desktop. Put your cursor on the request form and click. It should go to the first item to be completed. Continue to tab through the form to complete all the requested information. Save your information. Send the same Word Document as an email attachment to cshapley@mnswim.org

 Copy Disability Swimming Chair, Justin Zook at jzook10684@aol.com

Fall/Winter 2015-16 Request Forms must be received by **April 30, 2016** (Payment to clubs on or before July 1, 2016)

Spring/Summer 2012 Request Forms must be received by **Sept 30, 2016** (Payment to clubs on or before Oct. 31, 2016)

**Minnesota Disability Swimming**

**Coach National Travel Reimbursement Request**

**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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Coach’s Day Phone #:

 E-Mail Address:

Total Amount Requested: $       Date Requested:

(Checks are payable to clubs only)

 Date Email RequestReceived by MSI:

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

TOTAL AMT APPROVED: $

Date Paid:       Amount Paid: $