

National Travel Reimbursement for Coaches

Attending Disability Swimming Meets

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

**REIMBURSEMENT AMOUNTS**

Fall/Winter 2017-18

2017 California Classic

September 9-10, 2017 Yucaipa, CA $300

Fred Lamback Disability Meet

October21-22, 2017 Augusta, GA $200

Can-Am Open

December 14-17, 2017 Charlotte, NC $400

Spring/Summer 2018

Indianapolis 2018 World Para Swimming World Series Indianapolis, IN $600

April 19-21, 2018

Cincinnati Para-Swimming Open

May 12-13, 2018 Cincinnati, OH $300

Jimi Flowers Classic

June 3-4, 2018 Colorado Spring, CO (USOTC) $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](mailto:cshapley@mnswim.org)

Fall/Winter 2016-17 Request Forms must be received by **April 30, 2018** (Payment to clubs on or before July 1, 2018)

Spring/Summer 2017 Request Forms must be received by **Sept 30, 2018** (Payment to clubs on or before Oct. 31, 2018)

**Minnesota Disability Swimming**

**Coach National Travel Reimbursement Request**

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

|  |  |  |
| --- | --- | --- |
| **COACH'S NAME** | **SWIM MEET NAME** | **AMOUNT REQUESTED** |
|
|  |  |  |
|
| **SWIM MEET LOCATION** | **SWIM MEET DATES** |  |
|
|  |  | $ |
|
|  |  |  |

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: $