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**Coach Sectional Travel Reimbursement Request Form**

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

* MSI will reimburse for any Speedo Section meet open to the Minnesota Swimming LSC.
* Please see attached list of 2018-19 Speedo Sectional Meets.
* Any Sectional Meet held in the Minnesota LSC is NOT eligible for reimbursement.

**Reimbursement Amounts** (see meets below):

Fall / Winter Season 2018-2019 Speedo Sectional Championship Meets $200.00

Spring / Summer Season 2019 Speedo Sectional Championship Meets $200.00

Minnesota Swimming Requirements for

Coach Reimbursement to Sectional and 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 an MSI Chartered Swim Club.

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

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

4. A club may request reimbursement for **(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 attachment.)

**Reimbursement Request Form Directions**:

* Download this form to your computer desktop.
* Tab through the document to complete.
* Send an email to MSI Office (cshapley@mnswim.org), with this completed request form as an attachment.

Fall/Winter Season 2018 Request Forms Must Be Received by April 15, 2019

(Payment to clubs on or before May 31, 2019)

Spring/Summer Season 2018 Request Forms Must Be Received by September 30, 2019

(Payment to clubs on or before October 31, 2019)



**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 MSI:

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

TOTAL AMT APPROVED: **$**

Date Paid:       Amount Paid: $