

National Travel Reimbursement for Coaches

Attending Disability Swimming Meets

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

**REIMBURSEMENT AMOUNTS**

Fall/Winter 2018-19

2018 California Classic

 September 15-16, 2018 Yucaipa, CA $300

Fred Lamback Disability Meet

 October 18-21, 2018 Augusta, GA $200

US Para National Championships

 December 14-16, 2018 Tuscon, AZ $400

Baltimore Para -Swimming Open $200

 March 23, 2019

Spring/Summer 2019

Indianapolis 2019 World Para Swimming World Series Indianapolis, IN $600

 April 4-6, 2019 (World Trials)

Cincinnati Para-Swimming Open

 May 10-12, 2019 Cincinnati, OH $300

Jimi Flowers Classic

June 1-2, 2019 Colorado Spring, CO $300

Canadian Can Am Vancouver, BC Canada $400

 July 12-14, 2019

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 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 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

Fall/Winter 2018-19 Request Forms must be received by **April 15, 2019** (Payment to clubs on or before May 31, 2019)

Spring/Summer 2019 Request Forms must be received by **Sept 30, 2019** (Payment to clubs on or before Oct. 31, 2018)

**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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|       |       | $       |
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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 Received by MSI:

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

TOTAL AMT APPROVED: $

Date Paid:       Amount Paid: $