OZARK SWIMMING TRAVEL EXPENSE REPORT

Name	Meet, Convention, Clinic	PERIOD COVERED
Address		
Phone		
Email		

DATE	LOCATION (FROM/TO)	TRAVEL			LODGING	Per Diem	MISCELLANEOUS		TOTAL
	PURPOSE:	airfare	Auto		(DAILY				DAILY
		AMOUNT	MILES	AMOUNT	COST)	(Per Day)	AMOUNT	DESCRIPTION	EXPENSE
				per mile					
TOTALS								TOTAL EXPENSES	
								LESS AMOUNT TO BE CREDITED TO MY ADVANCE	
								BALANCE DUE	

I certify that the above is a true statement of expenses incurred in accordance with the policies of Ozark Swimming, Inc.
All receipts are attached.

REQUESTING INDIVIDUAL'S SIGNATURE DATE

TREASURER'S APPROVAL DATE

LSC CHAIR'S APPROVAL DATE

INSTRUCTIONS

NOTE: Any expenses paid directly by OSI or purchased using an OSI debit/credit card MUST be circled and omitted from the "Total Daily Expense" Column

Any expense charged on personal debit/credit cards or paid in cash should NOT be circled and ARE added into the "Total Daily Expense" column

All original receipts must be attached or accompany this form.

1) Give LOCATION, city or town, where expense is incurred each day. When expense is incurred in two or more locations during one day, show amount for each location on a separate line. State the purpose for the trip for each location. There must be a valid reason stated for each expenditure

2) For TRANSPORTATION:

AIRFARE-Any refunds, credits, etc. must be reported to the OSI Treasurer within 30 days. Unused airline tickets must be returned. A detail of new tickets issued should be given.

AUTO-Indicate the number of miles driven and the amount to be reimbursed at the current rate, per OSI Travel Reimbursement Policy

3) LODGING-Each day's lodging cost must be reported on a separate line. The hotel bill, showing name an location must be attached (credit card receipt only is insufficient).

4) PER DIEM-Enter the daily per diem rate according to the OSI Travel Reimbursement Policy.

5) TEAM MEALS-Attach receipts and report details below. These expenses MUST be approved in advance.

6) MISCELLANEOUS-Attach all receipts for baggage, airport parking, etc, according to OSI Policy and report amounts here.

7) TOTAL DAILY EXPENSE-Enter total of items 2-6 for each day.

8) TOTALS-Enter total for each column. Total of all columns must equal "Total Expenses" Remember not to include any circled amounts.

9) Individual requesting reimbursement must sign and date this form, along with the LSC Chair approving expenses. The form, along with all supporting documentation must be submitted to the OSI Treasurer within 30 days. Alternatively, the LSC Chair may approve the expense by emailing the OSI Treasurer.

OSI Treasurer: OzarkTreasurer@ozarkswimming.com

Trish Grant

17 Junction Dr. #235
Glen Carbon, IL 62034

TEAM MEALS

DATE	TYPE Indicate Meal Breakfast, Lunch Dinner	PLACE OF MEAL Give Name and Address	WHO WAS MEAL FOR Indicate what event swimmers were at or individuals and their affiliation (ie Zones, Sectionals, Meet, Referee, etc.)	PURPOSE