Louisiana Swimming, Inc.

**Swimmer Travel Reimbursement Request 2019 – 2020**

**Florida Sectionals ----Senior Zones**

Swimmer’s Name Age

 Address

 (street)

 (city) (state) (zip code)

 Phone Date of Application

 (must be mailed later no later than 2 weeks after meet conclusion)

L.S.I. Team Represented U.S.S. #

Which meet: Florida Sectionals Senior Zones

**Date of Meet Location of Meet**

**List best qualifying time for each event actually swum at the approved meet.**

**(Note: place a “B” if the event was a BONUS SWIM)**

 50 Free 1000 Free 50 Breast 50 Fly

 100 Free 1500 Free 100 Breast 100 Fly

 200 Free 1650 Free 200 Breast 200 fly

 400 Free 50 Back 200 Free Relay 200 I.M.

 500 Free 100 Back 400 Free Relay 400 I.M.

 800 Free 200 Back 800 Free Relay

 200 Medley Relay 400 Medley Relay

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I certify that the above information is both accurate and correct and have provided required travel

Information on the next page with proper documentation.

Swimmer’s signature:

Coach’s Name: Coach’s signature:

 (PRINT)

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The completed form and supporting documentation may be scanned and sent via e-mail to: Instrlind@gmail.com

Mail completed request to: Louisiana Swimming, Inc

(must be mailed no later than two Warren Lind, Treasurer

 weeks after meet concludes) 720 Green Acres Road

 Metairie, LA 70003-2437

Louisiana Swimming, Inc.

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Travel Information (necessary due to I.R.S. regulations)

 **How did you travel to the meet?**

 By air or train (provide proof of travel, i.e. ticket receipt, boarding pass)

 By car (submit a mileage log – download from L.S.I. website)

 **Hotel Stay**

 Name of motel/hotel

 Check-in date

 Check-out date

 Provide a copy of the motel/hotel bill