GEORGIA SWIMMING

 **Coach Reimbursement Request**

**For reimbursement, this form and all receipts should be submitted by using one of the following options:**

**Expenses submitted later than 30 days will not be reimbursed.**

**Mail directly to: Email to:**

Gary Theisen ggtheisen@mindspring.com

Georgia Swimming

1070 Pebble Bend Drive

Grayson, GA 30017

**Name**: Click here to enter text.

**Mailing Address**: Click here to enter text.

**City/State/Zip**: Click here to enter text.

**Telephone #**: Click here to enter text.

**Reimbursement requested as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplies** |  | Enter amt. | **Other notes:**Click here to enter text. |
| **Travel Expenses:** |  |  | **Date of meeting(s) or activity(ies):** |
|  **Ground** |  | Enter amt. |
|  **Lodging** |  | Enter amt. | **Location:** |
| **Other** |  | Enter amt. |
| **Total Request:** | **$** | Enter amt. |

The above expenses were incurred as part of the Coach Mentoring Program for Georgia Swimming.

**Date:** Click here to enter a date.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Travel Expenses**

1. Reimbursement for out-of-pocket expenses is made on those occasions where it is necessary for participating mentor/mentee individuals to spend their own funds.
2. Prior authorization for reimbursement must be given by the Coaches Chair and must come from the Coaches Budget.
	1. All requests must be submitted in advance of mentor/mentee meeting or activity.
	2. Receipts for all expenditures must be attached or sent via email as attachments.
3. Volunteers will be reimbursed **$0.535 per mile** for the use of a personal vehicle.
4. Reasonable parking fees shall be reimbursed.