

Georgia Swimming Mentor Program REQUEST

Date _____

Coaches Name _____

Purpose: _____

Team/Club you are with _____

Mentoring Coach _____

Location: _____

Dates/Times: _____

COSTS

Mileage (Personal)					
(over 100 only)		x	0.455	=	\$ -
Parking			Days		
Hotel	\$ -	x	0	=	\$ -
		x	0	=	\$ -
Breakfast			Days		
Lunch	\$ 11.00	x	0	=	\$ -
Dinner	\$ 12.00	x	0	=	\$ -
	\$ 23.00	x	0	=	\$ -
			Meal Total	=	\$ -
	Estimated Cost to LSC				\$ -
	Actual Cost to LSC				\$

All reimbursements will be made once all receipts are turned in and they are approved. Alcohol will not be reimbursed along with any product for smoking or vaping.

*Reimbursement will be for 1 month only and the maximum reimbursement will be \$500.00

Approvals:

Coaches Chair _____

Finance Chair _____

Note: Registration/Training Information and/or Brochure, Hotel Information, etc. must be attached to this form.