

UVAC Swim Team

MEET REIMBURSEMENT POLICY 2017-2018

The following policy was adopted by the UVAC Parent Council at its meeting on June 21, 2017. A UVAC Swimming registered swimmer, who meets the eligibility requirements, and who qualifies for and swims in an individual event at the following meets will be reimbursed by the UVAC Swim Team and/or The UVAC Parent Council in the following amounts:

MEET	DATE	AMOUNT
Nationals*	Nov/Dec	\$250 from the UVAC Parent Council \$250 from the UVAC facility *NES offers a stipend for this meet
Winter Junior Nationals*	December	\$250 from the UVAC Parent Council \$250 from the UVAC facility *NES offers a stipend for this meet
New England Swimming Age Groups	Feb-March	up to \$75.00** from the UVAC PC
Eastern Zone Sectionals	March	\$125 from the UVAC Parent Council \$125 from the UVAC facility
Olympic Trials (once every 4 years)	Once every 4 years	\$500 from the UVAC Parent Council \$500 from the UVAC facility
Summer Junior Nationals	July	\$250 from the UVAC Parent Council \$250 from the UVAC facility
New England Swimming Age Groups	July	\$75.00 from the UVAC Parent Council
Nationals	July	\$250 from the UVAC Parent Council \$250 from the UVAC facility ** \$ 3,000 pot for Age Groups

Relay only swimmers will be reimbursed.

ELIGIBILITY: To be eligible for reimbursement, an athlete must have been registered in New England Swimming, and have fully participated in a New England Swimming calendar meet six months prior to the meet for which reimbursement has been requested.

The request must include receipts to equal or exceed the amount of the requested reimbursement. These include, but are not limited to meet fees, plane ticket, gas, hotel, food etc.) These receipts must include the name of the athlete. One check will be written to the parents/guardian of the swimmer for reimbursement of each athlete in attendance. The UVAC facility will credit the swimmers account unless other arrangements have been made.

REIMBURSEMENT REQUEST FORM 2017-2018:

This form must be submitted within 30 days of the last day of competition of the meet you are requesting for, and will not be reimbursed until the meet is over. Copies or receipts that equal or exceed the amount of reimbursement must be submitted. This is an IRS requirement

Swimmer: _____

Meet: _____

Receipts attached totaling \$ _____

Parent/guardian: _____ Date: _____

Please submit completed form to Coaches.

Office use
Received on _____ by _____ Processes on _____

Amt from UVAC Parent Council: _____ Date: _____

Amt from UVAC Facility: _____ Date: _____