



**OFFICIALS REIMBURSEMENT
PRE-AUTHORIZATION FORM (max \$500)**

NAME: _____ DATE: _____

EVENT: _____

REASON FOR REIMBURSEMENT: (give a brief description of the event that you plan to attend, such as Zones, Sectional, Arena Pro Swim Series, Futures, Juniors, Nationals or other USA Swimming sponsored National meets and what your position will be at the meet or a recognized workshop.)

Number of Sessions (anticipated to work): _____

Anticipated expenses:

Travel: _____

Hotel: _____

Meals: _____

Other: _____

Estimated total amount to be requested: _____

Please submit at least four (4) weeks in advance of the event.

Email to: Mike Dilli mdilli@q.com

Official's Chair approval: _____