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| _Pic1 | **INLAND EMPIRE SWIMMING CHAMPIONSHIP MEET FINANCIAL REIMBURSEMENT FORM 2017-2018** |

From IE Policy and Procedure Manual:  
*5.6.5 IE will reimburse a Championship Meet host (SC, 14 and under, LC) up to $4,500 for facility charges upon receipt of an invoice from the facility post-meet which includes a breakdown: pool rental fees, Lifeguard fees, and any other facility charges.*

Items that must be included with this Form:

An Invoice from the Meet Facility that shows:

A. Name of the Facility

B. Pool Rental Fees

C. Lifeguard Fees

D. Any other Facility Charges

E. Contact name, phone and email for the facility

**Mail Form and all required items to:** Email Questions to: [toddstafek@charter.net](mailto:toddstafek@charter.net)

**Todd Stafek, Treasurer**

**C/O Inland Empire Swimming**

**413 S Arthur PL  
Kennewick, WA 99336**

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| Date of Meet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Name of Meet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Host Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person Submitting Form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date Sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |  |
| To be completed by TODD : |  | |
| Facility Fee Requested: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Lifeguard Fee Requested: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Additional Fee (itemize): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Total Requested: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date Reimbursed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |