

INDIANA SWIMMING

Official's National Meet Reimbursement Request

Meets included are 3 STAR meets and above, including but not limited to:
Nationals, US Open, TYR Pro, and Junior Nationals

Maximum \$350 per calendar year ***see below for eligibility requirements***

For reimbursement, this form (separate form for each program) and all **receipts should be**

submitted by using one of the following options:

(Reimbursement for Olympic Trials will be determined by Indiana Swimming)

Mail directly to:

Mickey Smythe
16372 Valhalla Dr.
Noblesville, IN 46060

OR

Email to: mickeysmythe@comcast.net

Expenses submitted later than 60 days will not be reimbursed.

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone #: _____

Reimbursement requested as follows:

Travel Expenses:

Notes:

Airfare \$ _____

Ground \$ _____

Lodging \$ _____

Other \$ _____

Total Request: \$ _____

The above expenses were incurred officiating for the following :

Meet Name : _____

Meet Location : _____

Dates of meet : _____

Submission Date: _____

Signature: _____

To be eligible in the past year you must have worked a minimum of 10 sessions over the course of at least 3 meets that are Indiana LSC hosted meets. Of those 10 sessions, one must be away from your associated home club and one session must be at a state level meet.

Approved by Officials Chair : _____

Date : _____