

GULF SWIMMING
ATHLETE REIMBURSEMENT FORM
2006-2007

1. Receipts for Airfare, Hotel, and Car Rental must be attached to this request. **No Exceptions.**
2. In lieu of receipts for meals, a per diem (Per Diem Policy, page 7-2) per night stayed at the event will be allowed.
3. The athlete's events must be listed below, by Event Number and Date of each Event, for this reimbursement to be considered.
4. This form must be signed by the athlete requesting the reimbursement and their parent or legal guardian, if the athlete is under 18.
5. Checks will be issued directly to the athlete requesting reimbursement, unless the athlete is under 18. If the athlete is under age 18, then the check will be issued to the parent or guardian.
6. This request is to be mailed to the Senior Vice-Chair of Gulf Swimming.
7. In order to be considered for reimbursement, this request must be postmarked no later than thirty-one (31) days after the last day of competition at the meet for which reimbursement is requested.
8. Additional guidelines are listed beginning on page 7-3.

Athlete's Name _____ USA Swimming # _____

Phone # _____ Age _____ E-mail _____

Parent or Guardian Name _____

Address _____ City _____ Zip _____

Coach _____ Coach's Phone # _____

Gulf Team _____ Date of Departure _____

No. of Events - Individual _____ Relay _____ Date of Return _____

Shared lodging with: _____ Shared ground travel with: _____

Events:	Date of Event:	Expenses:	Reimbursement Received:
_____	_____	Air Travel \$ _____	Club \$ _____
_____	_____	Ground Travel \$ _____	Private \$ _____
_____	_____	Meals \$ _____	Gifts \$ _____
_____	_____	Lodging \$ _____	USA Swimming \$ _____
_____	_____	Total \$ _____	Total \$ _____

To the best of my knowledge, all of the above information is true and correct. I am aware that it is a violation of USA Swimming Rules and Gulf Swimming policy to receive reimbursement that is greater than my actual expenses incurred, for items other than per diem. If expenses are claimed by an athlete for an individual expense item (other than per diem) which exceeds expenses actually incurred by the athlete for that event, the entire reimbursement obligation shall be voided, and Gulf Swimming shall have no obligation to reimburse any expenses for that athlete for that event.

Athlete's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____
(If athlete is under 18)

Mail the completed form to: Annette Leach 281-367-6948 (Home)
51 Quiet Oak Circle anetleach@aol.com
The Woodlands, TX 77381