ATHLETE TRAVEL FUND APPLICATION FOR REIMBURSEMENT

NAME	CLUB	
ADDRESS	PHONE	
CITY	STATE	ZIP
MEET	LOCATION	
MEET DATES	TRAVEL DATES	
Events in which you competed		
To qualify for reimbursement, prior to this meet you event that meets the current USA Swimming Winter		
Jr. National Qualifying Event:	Time Achie	ved:
NOTE: Only one meet per short course (meets in Sept reimbursable. See Athlete Travel Fund Information sho		
EXPENSES: Show your expenses in each category. A is NOT necessary to forward receipts for meals. Please		
TRAVEL: Air/Bus/Other: \$		
TRANSPORTATION AT MEET: Car Rental:\$		
# Of Persons sharing	Share of car rental	
LODGINGS: Share of room expenses: \$	MEALS: \$	
TIME TRIALS & OTHER INCIDENTALS: \$ List items and amounts		
REIMBURSEMENTS: (do not include travel advance	\$	CONOCO/PHILLIPSYour Swim ClubOther
TOTAL EXPENDITURES (LESS ANY REIMBUR	SEMENTS) \$	
Signed:		
(Athlete - required)		(Parent - required)
Date:		

Complete form and attach receipts and send to TREASURER OF VIRGINIA SWIMMING. Please note Reimbursement deadlines and formula included in the Travel Reimbursement Criteria on the Virginia Swimming website. (This form is can be completed on a computer, saved, and attached to an email. If using a Mac, please select 'Print' then 'Save as PDF' before attaching.)

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