

TIDE Swim Team
Request for Partial Reimbursement of Travel Expenses
Zones/Junior Nationals/Nationals
2009-2010 Season

Name of Swimmer: _____

Practice Group: _____ Lead Coach: _____

Meet Attended (indicate Zones or Jr. Nationals/Nationals and include location and dates):

(Form must be submitted within 30 days of the last day of the meet attended. Please note that **reimbursement is not guaranteed** and if the team is able to reimburse a portion of your expenses, the amount of reimbursement will be **subject to availability of funds** in the budget.)

Make Check Payable to: _____

Mailing Address: _____

Return Completed Form to: Katy Arris-Wilson, Tide Treasurer

3900 Old Shell Road Virginia Beach, VA 23452

or email to katyarriswilson@yahoo.com

(Treasurer/Accountant use only)

Request Received (date): _____

Meet Participation verified by official meet results: _____

Approved: _____

Amount Paid: _____

Check number: _____

Disbursement Mailed on: _____

