

**USAS - South Texas Swimming, Inc.  
REQUEST FOR REIMBURSEMENT**

Date of submission: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ USA-S Registration # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Club: \_\_\_\_\_ Code: \_\_\_\_\_ Coach: \_\_\_\_\_

Name of Meet OR Event: \_\_\_\_\_

Meet OR Event Location: \_\_\_\_\_

Dates of Meet OR Event: \_\_\_\_\_

**There is only one reimbursement deadline.** Request must be **postmarked no later than September 30<sup>th</sup>** for swim meets held during the previous short course and long course seasons. Send all documentation to:  
**South Texas Swimming, Inc. \* P.O. Box 781383 \* San Antonio, TX 78278**

**NOTE: Requests for reimbursement without complete documentation (original receipts attached) will not be processed.**

Travel Costs \$ \_\_\_\_\_ Lodging Costs \$ \_\_\_\_\_

Meal Costs \$ \_\_\_\_\_ Misc. Costs (itemize) \$ \_\_\_\_\_

Entry Fees Paid \$ \_\_\_\_\_ Total Requested \$ \_\_\_\_\_

**ATHLETE:** Number of Individual events swum \_\_\_\_\_

Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_ Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_

Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_ Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_

Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_ Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_

Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_ Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_

Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_ Event: \_\_\_\_\_ Date Swum: \_\_\_\_\_

Number of relay events swum and dates swum: \_\_\_\_\_

Relay Swimmer Only? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
Team Phone Number

\_\_\_\_\_  
Team address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip +4

**Note: All reimbursements are sent to the Team not the Athlete**

\_\_\_\_\_  
Coach's printed name

\_\_\_\_\_  
**Coach's Signature**