



Oregon Swimming, Inc. National Travel Reimbursement

To be submitted within 30 days of the meet*

Attach receipts for all claimed expenses**

Meet Name: _____

Meet Dates: _____

Location: _____

Names:	Meals	Lodging	Travel	Total
Coach Attending:				
Swimmers (regular):				
Swimmers (relay only):				
Total Request:				
<p>* Submit request within 30 days even if the swimmer(s) has (have) not meet eligibility requirements. ** Payment will be made on the basis of submitted receipts, up to the maximum allowed per individual.</p>				