

UTAH SWIMMING, INC (“USI”)

2007 Travel Reimbursement Application

(Updated 4/04/2007)

This is a complicated form. **Please call Diane Peterson (801-768-3813) if you have questions.** Incomplete applications may be returned to the swimmer, causing the application to be late and jeopardizing your reimbursement. USI reserves the right to request additional documentation to substantiate any item in the application.

I. Identify Season – Only one application per season may be submitted for reimbursement consideration. Submit only after all meets have concluded. Check one season below.

_____Application for 2007 SC Season (9/1/2006 to 4/30/2007) DEADLINE: 5/15/2007

_____Application for 2007 LC Season (5/1/2007 to 8/30/2007) DEADLINE: 9/15/2007

II. Swimmer Information – To be eligible for reimbursement, you must be currently registered through USI.

Name _____ USA Registration # _____

Street Address _____ City _____ Zip _____

Phone _____ Coach _____ Club _____ Are you a college swimmer? (circle) Y N

If you are not currently attached to a club, please explain and list former team _____

III. USI Registration Information – To be eligible for any funding, you need to have been registered, and participated, with USI for at least 12 months. To be eligible for full funding, you need to have been registered, and participated, with USI for at least 36 months or 3 consecutive years starting in 2004. Please identify which seasons you have been registered with USI.

_____2006 (1st consecutive year) _____2005 (2nd consecutive year) _____2004 (3rd consecutive year)
33% of expenses up to \$250/yr 66% of expenses up to \$500/yr 100% of expenses up to \$750/yr

IV. USI Swim Meet Participation – To be eligible for full funding, you must have participated in a minimum of two USI sanctioned “championship or invitational” meets, and a minimum total of 6 individual events during each season. College athletes need only participate with USI during the “off season”. If you have previously submitted this information, a copy of these pages submitted for previous seasons will suffice. (So keep a copy for your records.)

2007 USI Sanctioned LC Meets (5/1/07-8/31/07) Need not complete for 2005 SC season

Meet Name Meet Location Date of Meet (mo/yr) # of Ind. Events Team

- 1.
- 2.
- 3.

If unattached, explain why, or any other comments _____

2007 USI Sanctioned SC Meets (9/1/06-4/30/07)

Meet Name Meet Location Date of Meet (mo/yr) # of Ind. Events Team

- 1.
- 2.
- 3.

If unattached, explain why, or any other comments _____

IV. – Continued from page 1

2006 USI Sanctioned LC Meets (5/1/06-8/31/06)

<u>Meet Name</u>	<u>Meet Location</u>	<u>Date of Meet (mo/yr)</u>	<u># of Ind. Events</u>	<u>Team</u>
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1.

2.

3.

If unattached, explain why, or any other comments _____

2006 USI Sanctioned SC Meets (9/1/06-4/30/06)

<u>Meet Name</u>	<u>Meet Location</u>	<u>Date of Meet (mo/yr)</u>	<u># of Ind. Events</u>	<u>Team</u>
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1.

2.

3.

If unattached, explain why, or any other comments _____

2005 USI Sanctioned LC Meets (5/1/05-8/31/05)

<u>Meet Name</u>	<u>Meet Location</u>	<u>Date of Meet (mo/yr)</u>	<u># of Ind. Events</u>	<u>Team</u>
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1.

2.

3.

If unattached, explain why, or any other comments _____

2005 USI Sanctioned SC Meets (9/1/04-4/30/05)

<u>Meet Name</u>	<u>Meet Location</u>	<u>Date of Meet (mo/yr)</u>	<u># of Ind. Events</u>	<u>Team</u>
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1.

2.

3.

If unattached, explain why, or any other comments _____

2004 USI Sanctioned LC Meets (5/1/04-8/31/04)

<u>Meet Name</u>	<u>Meet Location</u>	<u>Date of Meet (mo/yr)</u>	<u># of Ind. Events</u>	<u>Team</u>
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1.

2.

3.

If unattached, explain why, or any other comments _____

IV. – Continued from previous page 2.

2004 USI Sanctioned SC Meets (9/1/03-4/30/04)

<u>Meet Name</u>	<u>Meet Location</u>	<u>Date of Meet (mo/yr)</u>	<u># of Ind. Events</u>	<u>Team</u>
1.				
2.				
3.				

If unattached, explain why, or any other comments _____

V. Travel Reimbursement Request – Travel reimbursement is for swimmers competing in the USA Swimming Sectional, Junior, and National Championship Meets, Olympic Trials, and similar national and international Disability Championships. There are no age restrictions. Reimbursement is not to exceed \$750 per calendar year for Sectional Championships, Junior Nationals, Short Course Nationals, Spring Nationals and the National Championships. Olympic Trials is not included in the yearly maximum. **In no case shall the amount awarded exceed the actual expenses incurred.** For each meet included in this section, a separate “Qualifying Meet Form” and supporting documentation must be completed and attached.

<u>Name of Meet</u>	<u>Total funding \$</u>	<u>Form Attached?</u>
1. _____	\$ _____	Y N
2. _____	\$ _____	Y N
3. _____	\$ _____	Y N

Amount of current request (add 1-3) \$ _____ **(1)**

Amount previously received in 2007 \$ _____ **(2)** enter ‘0’ if none received

Total 2007 Reimbursement **(1) + (2)** \$ _____ **(3)**

Maximum Eligible 2007 Reimbursement \$ _____ **(4)**
 (1 yr = \$250; 2 yr = \$500; 3+ yr = \$750)

Amount to Reimburse \$ _____

VI. Mailing Instructions – Before putting this in the mail, copy it for your records so you don’t have to figure out all your meet participation again next time! You can just cut, paste and copy the old form onto the new form next time. Please submit the signed application with supporting documentation attached to:

**Diane Peterson
 USI Senior Vice-Chair
 333 North 400 East
 Lehi, UT 84043**

VII. Certification – I certify that the information in this application is true and correct. A completed “Qualifying Meet Form” is attached for each meet along with required receipts and documentation.

I acknowledge that this application will be returned if information is incomplete. It is my responsibility, not that of the Senior Vice Chair, to spend time to research registration, Q-times, entry times, final times, finish places, and receipts.

Swimmer’s signature Date

A coach, parent, guardian, or a team representative may submit this application and gather documentation in the swimmer’s behalf. Reimbursement will be paid to the swimmer. If someone other than the swimmer submitted this application, please supply information below:

Name _____ Relation to Swimmer _____ Phone _____

Submitter’s signature Date

VIII. USI Official Use Only – Signatures of the following USI officials are required.

I have reviewed the application and supporting documents. I recommend that the Board approve the application as presented and pay the following amounts:

TOTAL: \$ _____

Senior Vice Chair Signature Date

The Board has reviewed the application and authorized the Treasurer to pay the swimmer the Travel Reimbursement expenses listed in this application.

General Chair Signature Date

CONGRATULATIONS on your swimming success. We know this form is a pain, but still an easy way to collect some real money for your hard work and dedication. We commend you!

Board of Directors of Utah Swimming

Name of Swimmer: _____

Team Affiliation: _____

Maximum Reimbursement % see Section III of Application (1yr=33%, 2yr=66% or 3yr=100%): _____ % **(3)**

Name of Meet: _____ Date: _____ Location: _____

Note: For USA Swimming Junior National, Short Course National, Spring National, the National Championships, Olympic Trials, and similar national and international Disability Championships, you need to qualify in only ONE event to apply for full funding**(1)**. Sectional Championships: \$100 USA Junior Nationals, Short Course Nationals, Spring Championships: \$200 National Championships: \$300 Olympic Trials: TBD by board Disability Championships: TBD by board

Swim #	Event #	Description of Event	Q-Time	Seed Time	Final Time	Final Place
e.g.	15	Women 400 Yard IM	4:49.59	4:41.59	4:26.21	7

Swimmer's Travel Expenses for Meet –

Remember, we cannot reimburse for more than was spent! These are YOUR expenses, not your coach's. If your meet qualifies for \$200, you don't need receipts for more than \$200. You must include copies of receipts: your own receipts if you paid for it yourself, or team receipts if you paid through your team. If team receipts are included, then please show how it was divided per swimmer. A team trip report showing an expense breakdown per swimmer, a receipt from a team official showing the team was paid, and copies of receipts from the team are all needed if the swimmer paid the team. Sending all applications together from one team makes this a little easier, because then the team representative can submit the team report once, rather than for each individual swimmer. Simply – if you earned \$200, and your airfare was \$275, just send me the airfare receipt.

Airfare \$ _____

Hotel \$ _____

Transportation \$ _____

Food \$ _____

Meet Entry Fees \$ _____

Miscellaneous..... \$ _____

= Total Travel Expense _____(2)

This form is being submitted for the following meet allocation (please circle letter) **(1)**:

- (a.) SECTIONALS = \$100
- (b.) USA JUNIOR NATIONALS, SHORT COURSE NATIONALS, SPRING CHAMPIONSHIPS = \$200
- (c.) NATIONAL CHAMPIONSHIPS (SUMMER NATIONALS) = \$300
- (d.) OLYMPIC TRIALS = AMOUNT TO BE DETERMINED BY UTAH SWIMMING BOARD
- (e.) DISABILITY CHAMPIONSHIPS= AMOUNT TO BE DETERMINED BY UTAH SWIMMING BOARD

Max. Reimbursement Expenses = \$ _____ **(2)** (box at left)

Max. Reimbursement percentage = _____ % **(3)** (top of form)

Use smaller of the meet allocation **(1)** and your expenses **(2)**; multiply by your percentage **(3)**:

(1or2)\$ _____ X **(3)** _____ % = \$ _____ **(total request)**