

METROPOLITAN SWIMMING TRAVEL EXPENSE REIMBURSEMENT

OFFICIAL TRAVEL ASSISTANCE

All forms must be filled out completely (PRINT clearly)

I am requesting pre-approval for _____

Dates of Meet: _____

Officials Chair **pre-approval** _____ Date: _____

Officials Chair **Final Approval**: _____ OTS has been verified _____

Official's Name _____ Team _____

Current LSC Certification (Check one): S&T Starter Referee Admin Ref

Current National certification: S&T Chief Judge Starter Referee N-2 N-3

Address where reimbursement should be sent: _____

_____ ZIP _____

Phone (____) _____ email _____

**Proof of travel related expenses to meet must be attached to this form
(See list of acceptable approved documentation of travel expenses on page 2)**

Meet Officiated:

Zone Championship Meet – Dates & Location: _____

Sectional Meet – Dates & Location: _____

NCSA Juniors Meet - Dates & Location: _____

Jr. National Meet – Dates & Location: _____

Sr. National/Open Meet – Dates & Location: _____

Position(s) Worked at meet: _____

National Certification applied for: _____

Applicant has received travel support from Metro in the preceding 12 months YES NO

If so, for what meets and how much \$ _____

