

**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)**

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**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 \$ \_\_\_\_\_

