



REIMBURSEMENT APPLICATION

US Citizen Only



2009 U.S. Open Championships
August 4-9, 2009
Federal Way, WA

Coach's Name: _____
First Last

Club Name: _____ Day Phone: _____

Mailing Address: _____
Number Street

City State Zip Email Address

Swimmer's Name: _____
First Last Male/Female? U.S. Citizen?

Best rank from FINA world top 100: Event: _____ Rank: _____

Airfare: \$ _____ Airport: _____ to/from this meet.

Airline: _____ Date ticket purchased: _____

If by car give one way mileage: _____
Miles City

Verified by: _____
Reimbursement Representative

Use back of form for additional swimmers
Reimbursement will be made only in response to a verified application.

You have the following two options:

1. Submit this application to the Reimbursement Representative at the meet who will verify travel expenses and eligibility and then mail it to Suzanne Heath.

or

2. Mail this application together with the last page of the ticket or copies thereof directly to Suzanne Heath.

NOTE: If the one way travel was within the allotted mileage, \$.50½ per mile will be applied.

Return this Reimbursement Application to: Suzanne Heath
506 Potomac Drive
Chocowinity, NC 27817-8810
Phone & FAX: 252-974-0732
Cell: 252-947-1238
suzanneheath@suddenlink.net

Deadline: This application must be postmarked by August 31, 2009.
NO REIMBURSEMENT WILL BE MADE ON APPLICATIONS POSTMARKED AFTER THIS DATE.

