Middle Atlantic Swimming Officials Committee Reimbursement / National Meet Travel Support Request Form

Submit this form and copies of all receipts to the Officials Chair (officials@maswim.org) for approval and reimbursement. Submitting this electronically is preferred.

Name:			
Address:			
City State Zip:			
Telephone:		Email:	

Reimbursement Type

Expense	Amount	Comments
MA Championship meet or National Meet Travel Support (see policy)		
☐ MA Senior ☐ MA Age Group	☐ Meet Ref ☐ Admin Ref.	Other: (specify for Natl Meets)
Natl Meet Name and Location:		
Hotel		
Mileage		Miles: (rate: $0.655/mile)
Other		
Committee Administration		
Website		
General Supplies		
Meet Equipment		
Background Check (BGC) reimbursement		
Clinics		
Certification Clinics		
Ref-Starter recert clinic		
USA Swimming Seminars	Seminar (name & location):	
Hotel		
Mileage		Miles: (rate: $0.655/mile)
Other		
Recruiting, Retention, Advancement		
Officials Shirts		
Other incentive items		
National Evaluators for OQM	What Meet:	
Hotel		
Mileage		Miles: (rate: $0.655/mile)
Other		
Open Water		
Officials Training/ Clinics		
Meet Supplies / Equipment		
Other OW Expenses		
TOTAL		

Rev 9/23