

Application for Athlete Travel Reimbursement 2021 Olympic Trials – Omaha, NE

Name of Applicant:	Team:	USA Swimming ID:
Name of Parent or Legal Guardi	an, if under 18:	
Email:	Phone:	
	Travel Expenses	
Waves and Dates Attended:		
The maximum reimbursement for this meet is receipts. No reimbursements will be made wit those that cover the maximum reimbursement	thout proven expenses/receipts. If y	
		Total
Travel Mode: (e.g. air, car) Lodging:		Spent
Ground Transportation:		
Meals:		
Other:		
	Total	
Swimmer Signature (or parent/legal gu Date: I have met the requirements for financial assist Reimbursement document. I also attest I recei this meet.	tance as set by the SNS Board of Dire	
Please make check payable to:		
City State Zin		
**Form must be turned in within 7 day	's of returning from the meet.*	*
Send to: Sierra Nevada Swimming PO Box 833 Roseville, CA 95661		
Or email SNS Treasurer, Alison Appel: appel@a	alisonturnercpa.com	