

South Carolina Swimming
Application for Athlete Reimbursement

Meet Reimbursement Maximum:

2025 Toyota US Open \$900
2025 Speedo Winter Juniors East \$900
2025 US ParaSwimming Nationals \$900
2026 TYR ProSeries Multiple \$550
2026 Spring/Summer NCSA Champs \$500
2026 US Open Water Nationals \$600
2026 Toyota National Champs \$1,800
2026 USA Swimming Futures \$ TBD
2026 Summer Juniors \$ TBD
2026 ParaSwimming World Series \$500

Swimmer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Meet Name/Location: _____

Departure Date: _____ Return Date: _____

Travel Information: (must attach receipt)

Airfare Cost: \$ _____ Receipt Copy: Yes No

Baggage Fee: \$ _____ Receipt Copy: Yes No

Rental Car Cost: \$ _____ Receipt Copy: Yes No

Total Gas Cost: \$ _____ Receipt Copies: Yes No

OR

Mileage Reimbursements:

Beginning Odometer Reading: _____ Ending Trip Reading: _____

Total Miles: _____ @ _____ /mile Total Mileage Reimbursement: _____

Parking Fees: \$ _____ Receipt Copies: Yes No

Food and Lodging: (must attach receipt or copy of receipt)

Food Total Cost: \$ _____ Receipt Copies: Yes No

Hotel Total Cost: \$ _____ Receipt Copies: Yes No

List 3 SCLSC and/or Sectional meets swum in the prior 12 months. Please include dates.

This form with all receipts and supporting documents, must be **scanned and emailed** to the Senior Coach Rep, Brian Heaton, at **senior@sc-swimming.org** within 60 (sixty) days of the last day of the meet. Reimbursement requests received after the 60 day deadline may not be honored. Reimbursement will be paid up to a flat rate maximum upon receipt of proper receipts (itemized for the swimmer only): plane ticket, baggage, rental car, meals and hotel. Athlete reimbursements are limited to 3 eligible meets per season (Sept. 1 through Aug. 31) and are made via Direct Deposit - contact **treasurer@sc-swimming.org** to set up your bank account connection.

Payment Information:

Parents Email: _____ Parents Phone Number: (____) _____

Payments should be payable to: _____

Total Travel: _____ Total Food: _____ Total Lodging: _____

Total Reimbursement not to exceed flat rate maximum: _____

Swimmer Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Coach Signature: _____ Date: _____ Club: _____