

South Carolina Swimming
Application for Athlete Reimbursement

Swimmer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Meet Name/Location: _____

Departure Date: _____ Return Date: _____

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

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: _____