

ALASKA SWIMMING IN-STATE TRAVEL REIMBURSEMENT APPLICATION

These travel funds, which come from a portion of the splash fees paid to ASI from host clubs, are used to help defray the travel costs of ASI athletes from areas outside the host area who participate in the Great Alaska Open, the Junior Olympic Championship, and the Alaska Age Group Championship. Athletes who cannot drive to the meet within two (2) hours are considered outside the host area. Applicants will be eligible for a reimbursement of their pro rata share of funds available based on the following calculation.

- a. Airline, Ferry and mileage costs (**calculated at 30 cents a mile**) incurred by each athlete/team from outside the host area, as a percentage of total claimed expenses, then multiplied times,
- b. All money in the specific meet's fund raised from splash fees in the prior calendar year and any balance remaining from previous years.

Applicants shall submit a Travel Reimbursement Request form to the Treasurer of ASI postmarked **by the third Monday after the close of the meet**. The ASI Treasurer will distribute checks no later than 3 weeks after the above deadline. Any late reimbursement requests will be reimbursed at a rate of 50% that of timely applicants, if funds are still available after timely applicants have been reimbursed.

Meet Attended: ☐ Great Alaska Open ☐ Junior Olympic Championship ☐ Age Group Championship

Name of Club: _____

Mode of Transportation (check all that apply): ☐ Airplane ☐ Automobile ☐ Ferry
Airline or Ferry Travel: # of swimmers requesting reimbursement: _____

Please fill out spreadsheet on next page showing the names of each swimmer, a description of the expense, and the amount you are requesting for that swimmer.

Attach copies of payment receipts for tickets. These receipts must include the swimmers name, and the price paid for the ticket and **MUST BE ORIGINAL PAYMENT RECEIPTS, NOT TRAVEL CONFIRMATIONS**

and/or

Automobile Travel: Number of vehicles driven: _____.

Attach a list of each vehicle, drivers name and the swimmers who rode in each vehicle (can be in spreadsheet).

Round Trip Mileage: _____.

City From: _____ City To: _____.

Person Submitting Request:	Mail Check To:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

Mail Application To:

Wendy Kolberg, ASI Treasurer, 13891 E Jersey Loop, Palmer, AK 99645, kolbergw@yahoo.com

[illegible]