

TIDE Swim Team  
Request for Partial Reimbursement of Travel Expenses  
Zones/Junior Nationals/Nationals  
2008-2009 Season

Name of Swimmer: \_\_\_\_\_

Practice Group : \_\_\_\_\_ Lead Coach : \_\_\_\_\_

Meet attended (indicate Zones or Jr. Nationals/Nationals and include location and dates):

\_\_\_\_\_  
(Must be submitted within 30 days of the last day of the meet attended. Please note that **reimbursement is not guaranteed** and if the team is able to reimburse a portion of your expenses, the amount of reimbursement will be **subject to availability of funds** in the budget.)

Make check payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Return completed form to: Loren Heckelman, TIDE Treasurer  
3105 Beldover Lane  
Virginia Beach, VA 23452  
(if emailing, send to Loren.Heckelman@cox.net)

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(Treasurer/Accountant use only)

Request received (date): \_\_\_\_\_

Meet participation verified by official meet results: \_\_\_\_\_

Approved: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Check number: \_\_\_\_\_

Disbursement mailed on: \_\_\_\_\_