

ALASKA SWIMMING TRAVEL ASSISTANCE SUMMARY SHEET (ONE PER MEET)

_____JO CHAMPIONSHIPS

_____SENIOR GREAT ALASKA OPEN

_____LONG COURSE CHAMPIONSHIPS

Name of Club: _____

Mode of Transportation:

Airline Travel: # of swimmers requesting reimbursement: _____. Attach copies of payment receipts for tickets, it should include the swimmers name. (Name on the Ticket)

and/or

Automobile Travel: Number of vehicles driven: _____.
Attach a list of drivers and the swimmers who rode in each vehicle.

Round Trip Mileage: _____.

City From: _____ City To: _____.

Person submitting request:	Mail Check to:
Name	Name
Address	Address
Phone #	Phone #
E-Mail:	E-Mail:

MAIL TO: APSC Treasurer c/o 4311 Rendezvous Circle, Anchorage, Alaska 99504