

Georgia Swimming

Mentor Program REQUEST

Date _____

Coaches Name _____

Purpose: _____

Team/Club you are with _____

Mentoring Coach _____

Location: _____

Dates/Times: _____

COSTS

Mileage (Personal)					
(over 100 only)		x	0.455	=	\$ -
Parking			Days		
Hotel	\$ -	x	0	=	\$ -
		x	0	=	\$ -
Breakfast			Days		
Lunch	\$ 11.00	x	0	=	\$ -
Dinner	\$ 12.00	x	0	=	\$ -
	\$ 23.00	x	0	=	\$ -
			Meal Total	=	\$ -
	Estimated Cost to LSC			\$ -	
	Actual Cost to LSC			\$	

*All
reimbursements
will be made once
all receipts are
turned in and they
are approved.
Alcohol will not be
reimbursed along
with any product
for smoking or
vaping.*

*Reimbursement will be for 1 month only and the maximum reimbursement will be \$500.00

Approvals:

Coaches Chair _____

Finance Chair _____

**Note: Registration/Training Information and/or
Brochure, Hotel Information, etc. must be
attached to this form.**