

Florida LMSC

Expense Reimbursement Request

Date:
Requester Name:
Address, City, State, ZIP:
Make Check Payable to Third Party:
Address, City, State, ZIP:
Purpose / Explanation of Expense:
Additional Comments:

EXPENSE TYPE	AMOUNT	ADDITIONAL INFORMATION
Travel (Mileage)		
Travel (Airfare/Parking/Uber)		
Rental Car (include Gas)		
Hotel		
Meals/Entertainment		
USMS Registration for convention		
USMS membership reimbursement for FL-LMSC board members		
Software Subscriptions		
Office Supplies		
Minor Equipment		
Phone Costs		
Postage		
Printing/Photocopy Costs		
Dues/Subscriptions/Fees		
Outside Services		
Facilities Rent		
Recognition/Awards		
Hospitality		
TOTAL REIMBURSEMENT:		

I hereby submit this request for reimbursement of expenses incurred by me on behalf of the Florida Local Masters Swimming Committee

Signature of Requester:	Date:
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*Travel Expenses:

Hotel reimbursement is for one half (1/2) of the basic event room rate with a maximum of five nights, (Normally 4 nights for convention.)
 Food subsidy - the lesser of \$20/day or \$100/convention. \$25/day - other events.
 Travel expenses include car (\$.30/mile if you drive your own, or economy rental), plane at coach rate, airport shuttle, etc. Receipts required, except for food.

Email form WITH RECEIPTS to: FLTreasurer@usmastersswimming.org

Or Mail to: Terri Goodman, FL LMSC Treasurer
 11814 Fiore Lane
 Sarasota, FL 34238