

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

WWW.CIACSPORTS.COM 203-250-1111

2023 SWIMMING & DIVING EXPENSE SHEET				
SPORT:	HOST:			
DIVISION:	ROUND:		DATE:	
	sential expenses directly associated with he	nosting the meets	•	
CIAC will pay es	sential individuals or vendors listed below	unless noted to I	reimburse school	
	NAL GAME AND YOU WISH TO RECEIVE ONE CHECI E SCHOOL CHECK INFORMATION ABOVE.	C PAYABLE TO THE SO	CHOOL FOR WORKERS	PLEASE
SITE DIRECTOR CHECK				
FIRST & LAST NAME:	: CIAC		EE:	
STREET:	TOWN:	STATE:	ZIP:	
PHONE:	E-MAIL:			
	ehind the reimbursed expenses. Please list your wo		=	_
FULL NAME (required)	ADDRESS (only semifinal/final games)	1	SERVICE	AMOUNT
		Т	OTAL EXPENSES:	
E-MAIL YOUR REPOR	T TO JBROWN@CASCIAC.ORG			
CIAC USE ONLY BOX # TIC	KETS DATE:	APPROVED BY		