



CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

www.ciacsports.com

EXPENSE SHEET SWIMMING

SPORT:	DIV:	ROUND:
SITE:		TOURNAMENT DATE:

- CIAC will pay essential expenses directly associated with hosting the meets.
- Officials will be paid directly by CIAC.
- CIAC will pay essential individuals or vendors listed below unless noted to reimburse school.

MEET DIRECTOR CHECK			
CIAC FEE:	FIRST	LAST	
STREET	TOWN	STATE	ZIP
PHONE	E-MAIL		

If you run out of space please fill out this form again or attached your sheet. Submit report to jbrown@casciac.org

OTHER EXPENSE		SERVICE	AMOUNT
FIRST: LAST :	ADDRESS: TOWN: STATE: ZIP:		
FIRST: LAST :	ADDRESS: TOWN: STATE: ZIP:		
FIRST: LAST :	ADDRESS: TOWN: STATE: ZIP:		
FIRST: LAST :	ADDRESS: TOWN: STATE: ZIP:		
FIRST: LAST :	ADDRESS: TOWN: STATE: ZIP:		
FIRST: LAST :	ADDRESS: TOWN: STATE: ZIP:		
FIRST: LAST :	ADDRESS: TOWN: STATE: ZIP:		
TOTAL OTHER EXPENSES:			

IF YOU WISH TO RECEIVE ONE CHECK PAYABLE TO SCHOOL FOR WORKERS PLEASE CHECK THE BOX

CHECK SHOULD BE MADE OUT TO - SCHOOL NAME:

MAILING ADDRESS:

E-MAIL YOUR REPORT TO JBROWN@CASCIAC.ORG

CIAC USE ONLY

BOX # _____ TICKET REPORT _____ DATE _____ APPROVED BY _____

Any questions contact Jadzia Herrmann Brown @ (203) 651- 3924 or jbrown@casciac.org