Judges Expense Report
Local, State, & Regional Meets

Name _____ Rating _____ SS# _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____

Email: _____

Competition _____ Date _____

Transportation	$.48 per mile paid to driver (after first 30miles)	$ _____	
	*parking	$ _____	
	*tolls	$ _____	
	*other (list) _____	$ _____	$ _____
	_____		
	_____		

* Note: Expenses for tolls, parking and other will be provided only with receipt.

Per Diem **(if no food provided)** $30/day Local Meet (no overnight stay) $40/day Away Meet (Overnight stay)	Breakfast ($10.00)	$ _____	
	Lunch ($15.00)	$ _____	
	Dinner ($15.00)	$ _____	
			$ _____

Judges Fee _____ # of hours @ $_____ per hour = $ _____

Fee structure (per hour)*:

All Brevets	$25/hour	National	$20/hour
Level 7/8	$18/hour	Level 3-6	$15/hour

TOTAL DUE TO JUDGE **$_____**

Judge Signature: _____

Submit to Meet Referee for approval _____
Meet Referee Signature

Date Paid: _____ **Check #:** _____ **Amount:** _____

NOTE: THIS FORM IS NOT TO BE SUBMITTED FOR USA GYMNASTICS NATIONAL EVENTS. AN OFFICIAL USA GYMNASTICS EXPENSE FORM SHOULD BE REQUESTED FROM THE RHYTHMIC DEPARTMENT AT USA GYMNASTICS.