



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)

Breakfast (\$10.00) \$ _____

\$30/day Local Meet (no overnight stay) Lunch (\$15.00) \$ _____

\$40/day Away Meet (Overnight stay) Dinner (\$20.00) \$ _____

\$ _____

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

Fee structure (per hour)*:

All Brevets	\$25/hour	National	\$22/hour
Level 7/8	\$20/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: _____
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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.