



# JUDGING ACCREDITATION TEST ADMINISTRATORS' EXPENSE REPORT FORM

NAME \_\_\_\_\_ USAG PRO # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EXAM DATE \_\_\_\_\_ EXAM CODE \_\_\_\_\_

ENTER THE QUANTITY OF TEST PART(S) GIVEN FOR EACH:

	5/6	7/8	9	10
WRITTEN FORM A				
WRITTEN FORM B				
PRACTICAL				

TOTAL TEST PARTS GIVEN: \_\_\_\_\_

## EXPENSES

RECEIPTS MUST BE INCLUDED WHERE APPLICABLE.

Mileage \_\_\_\_\_ miles x \$.48.5 \_\_\_\_\_ (copy of MapQuest must be included as a receipt)

Exam Room Rental \_\_\_\_\_

Per Diem (\$15.00/meal, max. \$30.00 per day) \_\_\_\_\_

Copying Expense \_\_\_\_\_

Mailing (trackable by USPS, UPS, FedEx, etc.) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Honorarium (\$100.00-Min. 10 test parts given) \_\_\_\_\_

(\$50.00-Min. 5 test parts given)

Total \_\_\_\_\_

Honorarium #2 (\$100 for Asst.-min. 50 test parts) \_\_\_\_\_

Assitant TA Name \_\_\_\_\_ USAG Pro # \_\_\_\_\_

Per Diem for Asst. \_\_\_\_\_

If you wish to split your honorarium with an assistant when giving a test with less than 50 parts, indicate amount under Honorarium #2

## RETURN TO:

CONNIE MALONEY, USA GYMNASTICS • 132 E. WASHINGTON ST., SUITE 700 • INDIANAPOLIS, IN 46204

OR FAX: 317.237.5069 E-mail: [cmaloney@usagym.org](mailto:cmaloney@usagym.org)