



JUDGING ACCREDITATION TEST ADMINISTRATORS' EXPENSE REPORT FORM

Revised January 1, 2020

NAME _____ USAG PRO # _____

ADDRESS _____ CITY _____ STATE/ZIP _____

PHONE _____ E-MAIL _____

EXAM DATE _____ EXAM CODE _____

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

	4/5	6/7/8	9	10
WRITTEN FORM A				
WRITTEN FORM B				
PRACTICAL	N/A			

TOTAL TEST PARTS GIVEN: _____

PLEASE RETURN WITH A COPY OF THE COMPUTER-GENERATED ROSTER

EXPENSES

RECEIPTS MUST BE INCLUDED WHERE APPLICABLE.

Mileage _____ miles x \$.57.5 _____ (current IRS rate for 2020) (copy of MapQuest /Google Maps 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 (see TA handbook for guidelines) _____ Assistant TA Name _____ USAG Pro # _____

Asst. TA Per Diem _____

Asst. TA Mileage _____ mi. x \$.57.5 _____

Total for Assistant TA _____

If you wish to split your honorarium with an assistant when giving a test session with written & 1 level of practical exam with less than 10 parts, indicate amount under Honorarium #2

RETURN TO:

CONNIE MALONEY, USA GYMNASTICS • 130 E. WASHINGTON ST., SUITE 700 • INDIANAPOLIS, IN 46204

OR FAX: 317.237.5069 E-mail: cmaloney@usagym.org