JUDGING ACCREDITATION
TEST ADMINISTRATORS’ EXPENSE REPORT FORM

Revised January 1, 2019

NAME ______________________________________ USAG PRO # __________

ADDRESS __________________________ CITY ___________________ STATE/ZIP __________

PHONE __________________________ E-MAIL __________________________

EXAM DATE __________________________ EXAM CODE __________________________

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

<table>
<thead>
<tr>
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<th>4/5</th>
<th>6/7/8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRITTEN FORM A</td>
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<tr>
<td>WRITTEN FORM B</td>
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<tr>
<td>PRACTICAL</td>
<td>N/A</td>
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</tbody>
</table>

TOTAL TEST PARTS GIVEN: __________

PLEASE RETURN WITH A COPY OF THE COMPUTER-GENERATED ROSTER

EXPENSES

RECEIPTS MUST BE INCLUDED WHERE APPLICABLE.

Mileage _______________ miles x $.58 ___________ (current IRS rate for 2019) (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) ___________

Asst. TA Name __________________________ USAG Pro # __________

Asst. TA Per Diem ___________

Asst. TA Mileage ___________ mi. x $.58 ___________

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