



# Rhythmic Judges Expense Report

## Local, State, & Regional Meets

Name \_\_\_\_\_ Rating \_\_\_\_\_ USA Gym # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Competition \_\_\_\_\_ Date \_\_\_\_\_

<b>Transportation:</b>	\$ .54 per mile paid to driver	\$ _____	
	* parking	\$ _____	
	* tolls	\$ _____	
	* other _____	\$ _____	= \$ _____

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

<b>Per Diem:</b>	Breakfast (\$10.00)	\$ _____	
	Lunch (\$15.00)	\$ _____	
	Dinner (\$25.00)	\$ _____	= \$ _____

**Judges Fee:** # of hours \_\_\_\_\_ @ \$ \_\_\_\_\_ /hr = \$ \_\_\_\_\_

**TOTAL DUE TO JUDGE:** \$ \_\_\_\_\_

**Judge Signature:** \_\_\_\_\_

**Submit to Meet Referee for approval** \_\_\_\_\_

Meet Referee Signature

Level 3/6: \$15/hour Level 7/8: \$20/hour National 1: \$25/hour  
National 2: \$30/hour Brevets 3&4: \$35 Brevets 1&2: \$40/hour Meet Referee \$100/meet

<b>Date Paid:</b> _____ <b>Check #:</b> _____ <b>Amount:</b> _____
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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 USA GYMNASTICS RHYTHMIC DEPT.**

