



Rhythmic Judges Expense Report

Local, State, & Regional Meets

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

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

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

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

Transportation:      \$.545 per mile paid to driver      \$ \_\_\_\_\_

   \* parking      \$ \_\_\_\_\_

   \* tolls      \$ \_\_\_\_\_

   \* other \_\_\_\_\_      \$ \_\_\_\_\_      =\$ \_\_\_\_\_

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

Per Diem:                      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

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 USA GYMNASTICS RHYTHMIC DEPT.**