



# JUDGING ACCREDITATION TEST ADMINISTRATORS' EXPENSE REPORT FORM

NAME \_\_\_\_\_ USAG PRO # \_\_\_\_\_  
 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 .36 \_\_\_\_\_ (copy of MapQuest must be included as a receipt)

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

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

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

Express Mail \_\_\_\_\_

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

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

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

**Total** \_\_\_\_\_

Honorarium #2 \_\_\_\_\_

(\$100 for Assistant TA)

(Minimum 50 test parts given)

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

## RETURN TO:

RACHEL BRAZO, USA GYMNASTICS • 201 S. CAPITOL AVE. SUITE 300 • INDIANAPOLIS, IN 46225

OR FAX: 317.237.5069 [rbrazo@usa-gymnastics.org](mailto:rbrazo@usa-gymnastics.org)