

NEW YORK STATE OFFICIALS EXPENSE REPORT FORM

STATE MEET LEVEL(S) _____ DATES _____



OFFICIALS INFORMATION

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP CODE: _____
EMAIL ADDRESS: _____
PHONE NUMBERS: C _____ H _____ W _____
RATING: _____ @ \$ _____

EXPENSES

TRAVEL: PROVIDE ALL MAPQUEST/RECEIPTS TO MEET REFEREE - CARPOOL: Y / N

TRANSPORTATION: AUTOMOBILE [-30 FROM RT TOTAL IF NOT CARPOOLING]

HOME→MEET/HOTEL _____ @0.575 _____

HOTEL→MEET & BACK _____ @0.575 _____

MEET→HOME _____ @0.575 _____

TOTAL RT MILEAGE: _____

THRUWAY/BRIDGE TOLLS: _____

PARKING: _____

TRANSPORTATION: AIRFARE/TRAIN

TICKET: _____

LUGGAGE FEE: _____

CAB: _____

SUBWAY: _____

TOTAL AIRFARE/TRAIN: _____

MISCELLANEOUS: FOOD/LODGING

HOTEL: _____

PER DIEM: R. _____ F. _____ S. _____ SN. _____

JUDGING FEES

CHIEF JUDGE/MEET REFEREE [\$10/DAY: 4-JUDGE PANEL REQUIRED]: _____

DAY 1 HOURS: _____

DAY 2 HOURS: _____

DAY 3 HOURS: _____

TOTAL JUDGING FEE: _____

TOTAL EXPENSES CLAIMED: _____

JUDGES SIGNATURE _____ **TOTAL AMOUNT DUE** \$ _____