

USA Gymnastics

Safety Certification Program

National Safety Instructors Financial Report Form

Name _____ SS# _____ - _____ - _____ Course date _____

Instructor's Address _____

City _____ State _____ Zip _____

Phone _____ Course Code _____

Member # _____ Vendor # _____

Expenses: Pre-approval required

Travel: mileage _____ @ .485/mile \$ _____
 Hotel: receipt required \$ _____
 Meals: breakfast = \$7 maximum
 lunch = \$8 maximum
 dinner = \$10 maximum \$ _____
 Other: (Pre-approval & receipt required) \$ _____

For office use:
 gl # 210-5055-000-76-00
 gl # 210-5020-000-76-00

 gl # 210-5040-000-76-00
 gl # 210-5490-000-76-00

Expense total: \$ _____

Course Honorarium:

Participants:
 4-9 = \$200 (+ up to \$50 in mileage reimbursement)
 10-20 = \$300 (+ pre-approved expenses)
 21+ = \$300 + \$5/ per person over 20 (+ pre-approved expenses)

For office use:
 Totals confirmed
 by: _____
 gl # 210-5120-000-76-00

\$ _____

Honorarium + Expense Total: \$ _____

Course Reconciliation:

Onsite Payments	
Credit card payments	
Cash payments*	
Check payments	
Onsite payments: Total \$	

Safety Handbook Inventory:

Books on hand	
Plus book shipment	
Minus books used	
Ending inventory of books	

Participants	
Pre-registrations	
Onsite registrations (add)	
No shows (subtract)	
Total number of participants	

* replace cash payments with Instructor's check

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