



JUDGING ACCREDITATION TEST ADMINISTRATORS' EXPENSE REPORT FORM

NAME _____ USAG PRO # _____

ADDRESS _____ 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 \$.48.5 _____ (copy of MapQuest must be included as a receipt)

Exam 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:

CONNIE MALONEY, USA GYMNASTICS • 132 E. WASHINGTON ST., SUITE 700 • INDIANAPOLIS, IN 46204
OR FAX: 317.237.5069 E-mail: cmaloney@usa-gymnastics.org