



# JUDGING ACCREDITATION TEST ADMINISTRATORS' EXPENSE REPORT FORM

Revised January 1, 2019

NAME \_\_\_\_\_ USAG PRO # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EXAM DATE \_\_\_\_\_ EXAM CODE \_\_\_\_\_

ENTER THE QUANTITY OF TEST PART(S) GIVEN FOR EACH:

	4/5	6/7/8	9	10
WRITTEN FORM A				
WRITTEN FORM B				
PRACTICAL	N/A			

TOTAL TEST PARTS GIVEN: \_\_\_\_\_

PLEASE RETURN WITH A COPY OF THE COMPUTER-GENERATED ROSTER

## EXPENSES

RECEIPTS MUST BE INCLUDED WHERE APPLICABLE.

Mileage \_\_\_\_\_ miles x \$.58 \_\_\_\_\_ (current IRS rate for 2019) (copy of MapQuest /Google Maps must be included as a receipt)

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

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

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

Mailing (trackable by USPS, UPS, FedEx, etc.) \_\_\_\_\_

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

Honorarium \_\_\_\_\_ (\$100.00-Min. 10 test parts given; \$50.00-Min. 5 test parts given)

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

Honorarium #2 (see TA handbook for guidelines) \_\_\_\_\_ Assistant TA Name \_\_\_\_\_ USAG Pro # \_\_\_\_\_

Asst. TA Per Diem \_\_\_\_\_

Asst. TA Mileage \_\_\_\_\_ mi. x \$.58 \_\_\_\_\_

Total for Assistant TA \_\_\_\_\_

If you wish to split your honorarium with an assistant when giving a test session with written & 1 level of practical exam with less than 10 parts, indicate amount under Honorarium #2

## RETURN TO:

CONNIE MALONEY, USA GYMNASTICS • 130 E. WASHINGTON ST., SUITE 700 • INDIANAPOLIS, IN 46204

OR FAX: 317.237.5069 E-mail: [cmaloney@usagym.org](mailto:cmaloney@usagym.org)