## **Midwest Region USPC**

Judges/Clinicians Expense Form for 2016

### Name: Date:

# Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 1. Travel

Motor vehicle mileage: \_\_\_\_\_\_\_\_@ $.45 mile) -- or actual gas expenses;Tickets: Airlines, Bus, Train (receipts must be attached)(receipts attached) |  |
| 1. Parking at airport (receipts must be attached)
 |  |
| 1. Telephone (attach copies of marked monthly bills)
 |  |
| 1. Lodging (attach receipts)
 |  |
| 1. Meals: see attached
 |  |
| 1. Shuttle airport-hotel round trip
 |  |
| 1. Other Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| 1. Professional fees per contractual agreement
 |  |
| 1. **Total**
 |  |
| 1. **Contribution.** If you wish to make a donation to the Midwest Region other than for professional services, please indicate amount of contribution here.Contributions are deductible for income tax purpose as allowed by law. A letter of acknowledgement will be sent to you for your records. – Thank you
 |  |
| 1. **Balance Due**
 |  |
| Send check to (Name & Address:  | Received: Approved: Date Paid Acknowledgement sent Check # Amount: $  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

(Note IRS Form W-9 required for payment of professional dues and other IRS reportable payments)