## **Midwest Region USPC**

Judges/Clinicians Expense Form for 2016

### Name: Date:

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

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| --- | --- | --- |
| 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)