

# Midwest Region USPC

## Judges/Clinicians Expense Form for 2020

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>1. Travel</b> Motor vehicle mileage: _____ @ \$.25 mile) -- or actual gas expenses; Tickets: Airlines, Bus, Train (receipts must be attached)	
<b>2. Parking at airport (receipts must be attached)</b>	
<b>3. Telephone (attach copies of marked monthly bills)</b>	
<b>4. Lodging (attach receipts)</b>	
<b>5. Meals: see attached</b>	
<b>6. Shuttle airport-hotel round trip</b>	
<b>7. Other Expenses</b> _____	
<b>8. Professional fees per contractual agreement</b>	
<b>9. Total</b>	
<b>10. Contribution.</b> 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	
<b>11. Balance Due</b>	

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)