

USPSA REFEREE EXPENSE FORM

Tournament: _____ Location _____ Date: _____

Name: _____ Phone: _____ Cell: _____

Email: _____

Address: _____ City _____ ST _____ ZIP _____

- ☐ Please send reimbursement check to the address above.
- ☐ I would like to donate my time to the Power Soccer program.
- ☐ I would like to donate \$ _____ to the Power Soccer program. Please reimburse the remainder.

REIMBURSABLE EXPENSES

CENTER AND ASSISTANT REFEREES

*Mileage (if traveling more than 30 miles to facility, .14 per mile, as allowed by the IRS)

of miles one way _____

Please submit Mapquest mileage documents or equivalent of Mapquest

CENTER REFEREES ONLY

*Airfare: *Receipts required; please attach*

*Meals Allowance: *Lunch provided at venue, \$15.00 dinner. Allowance is granted only if no meals are provided either by hotel or at tournament facility. Receipts required; please attach*

Please fill out the form completely, attach all receipts and mail within 14 days of tournament to:

USPSA
Attn: Jim Labas
811 Amber Rd
Ft. Wayne, IN 46814

Mileage: \$ _____

Airfare: \$ _____

Meals: \$ _____

Games: \$ _____

Total reimbursement: \$ _____

Approved by: _____

Tournament Director, Director of Referee Scheduling, or Treasurer

GAMES WORKED

Games: Please complete attached form with schedule

NAME: _____ **PHONE:** _____

Number of Days Worked _____ Number of Games Worked _____

DATE	GAME #	POSITION \$25.00 Center / \$15.00 AR	\$
		TOTAL DUE	\$