

# 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.

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## 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  
PO Box 10778  
Ft. Wayne, IN 46853

Mileage: \$ \_\_\_\_\_

Airfare: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Games: \$ \_\_\_\_\_

Total reimbursement: \$ \_\_\_\_\_

**Approved by:** \_\_\_\_\_

*Tournament Director, Director of Referee Scheduling, or Treasurer*

