



20 First Street Colorado Springs, CO 80906

Name \_\_\_\_\_

Address \_\_\_\_\_

Purpose of Expense \_\_\_\_\_

Charge to \_\_\_\_\_  
Committee/Program/Event

## 2018 Travel Expense Reimbursement Form

| Please Enter the First Day of<br>Travel  |         |         |         |         |         |         |         | Period Totals |
|--|---------|---------|---------|---------|---------|---------|---------|---------------|
|  | 1st Day | 2nd Day | 3rd Day | 4th Day | 5th Day | 6th Day | 7th Day |               |
| Personal Auto Mileage Rate: <b>0.545</b> | -       | -       | -       | -       | -       | -       | -       |               |
| Rental/Auto                              |         |         |         |         |         |         |         |               |
| Air Fare                                 |         |         |         |         |         |         |         |               |
| Rail Fare                                |         |         |         |         |         |         |         |               |
| Taxi Fare                                |         |         |         |         |         |         |         |               |
| Bus Fare                                 |         |         |         |         |         |         |         |               |
| Parking Fees                             |         |         |         |         |         |         |         |               |
| Tolls                                    |         |         |         |         |         |         |         |               |
| Tips                                     |         |         |         |         |         |         |         |               |
| Lodging (Incl. Tax)                      |         |         |         |         |         |         |         |               |
| Breakfast (Incl. Tax/Tip)                |         |         |         |         |         |         |         |               |
| Lunch (Incl. Tax/Tip)                    |         |         |         |         |         |         |         |               |
| Dinner (Incl. Tax/Tip)                   |         |         |         |         |         |         |         |               |
| Telephone                                |         |         |         |         |         |         |         |               |
| Expenses for Others (Sch. A)             |         |         |         |         |         |         |         |               |
| Other Expenses (Sch. B)                  |         |         |         |         |         |         |         |               |
| <b>Daily Totals</b>                      |         |         |         |         |         |         |         |               |

| Sch. A - Detail of Expenses for Others                                 |             |        |
|--|-------------|--------|
| Include items such as Team Leader's daily expenditure for competitors. |             |        |
| Date   | Description | Amount |
|  |             |        |
|  |             |        |
|  |             |        |
|  |             |        |
|  |             |        |
| <b>Totals</b>  |             |        |

| Sch. B - Detail of Other Expenses                    |             |        |
|--|-------------|--------|
| Include items such as office supplies, postage, etc. |             |        |
| Date   | Description | Amount |
|  |             |        |
|  |             |        |
|  |             |        |
|  |             |        |
|  |             |        |
| <b>Totals</b>  |             |        |

I hereby certify that all expenses claimed above were incurred on official business for U.S. Figure Skating.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Committee Chair / Senior Director

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Treasurer / Executive Director

Reimburse by: Please X One Box

Check       ACH Deposit

|                  |  |
|------------------|--|
| TOTAL from Above |  |
|                  |  |
|                  |  |