



20 First Street Colorado Springs, CO 80906

Name _____

Address _____

Travel Expense Reimbursement Form

SHAKER FIGURE SKATING CLUB

Purpose of Expense _____

Charge to _____
Committee/Program/Event

Please Enter the First Day of Travel	1st Day		2nd Day		3rd Day		4th Day		5th Day		6th Day		7th Day		Period Totals
Personal Auto Mileage Rate: 0.670	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.00
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)															
Daily Totals															

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

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

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

Signature: _____

Date: _____

Approved: _____

Committee Chair / Senior Director

Date: _____

Approved: _____

Treasurer / Executive Director

Date: _____

Reimburse by: Please X One Box

Check

ACH Deposit

TOTAL from Above	
Advance from U.S. Figure Skating	
Due from U.S. Figure Skating	
Returned to U.S. Figure Skating	