



**SKATING CLUB OF NORTHERN VIRGINIA, INC.**  
**P.O. BOX 2434**  
**FAIRFAX, VIRGINIA 22031**

**Expense Form**  
**USFSA Officials and Judges**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Event** \_\_\_\_\_ **Date** \_\_\_\_\_

**Expenses**

Transportation (To and From Origin) \$ \_\_\_\_\_  
\_\_\_\_\_ miles @ 56.00¢/mile \_\_\_\_\_

Taxi and/or Bus Fares \_\_\_\_\_

Tolls \_\_\_\_\_

Hotel \_\_\_\_\_

Meals (If separate from Hotel bill) \_\_\_\_\_

Tips and Incidentals \_\_\_\_\_  
Other (please explain) \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Attach Receipts

Signature \_\_\_\_\_

Approved By \_\_\_\_\_

Date Paid \_\_\_\_\_