SKATING.
20 First Street Colorado Springs, CO 80906

Name		 <u> </u>	<del> </del>	
Address		 <u> </u>		
				_
Purpose of I	Expense	 		
Charge to				

CARDINAL TRAVEL EXPENSE Reimbursement Form

Please Enter the First Day of 2nd Day 3rd Day 4th Day 6th Day 7th Day Period 1st Day 5th Day Travel Thur. 5/29/25 Friday 5/30/25 Sat. 5/31/25 Sun. 6/01/25 Mon 6/02/25 Totals Personal Auto Mileage Rate: 0.7 Rental/Auto Air Fare Rail Fare Taxi Fare Bus Fare Parking Fees Tolls Tips Lodging (Incl. Tax) Breakfast (Incl. Tax/Tip; \$12 max) Lunch (Incl. Tax/Tip; \$15 max) Dinner (Incl. Tax/Tip; \$30 max) Telephone Expenses for Others (Sch. A) Other Expenses (Sch. B) **Daily Totals** 

Venmo:

	Sch. A - Detail of Expenses for Oth	ers	
Include items such as Team Leader's daily expenditure for competitors.			
Date	Description	Amount	
	Totals		

Sch. B - Detail of Other Expenses			
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.		Reimburse b	
Signature:		Date:	Check
Approved:		Date:	TOTAL from A
	Committee Chair / Senior Director		Advance from
Approved:		Date:	Due from U.S.
	Treasurer / Executive Director		Returned to U.

itellibuise by.	Please X One Box	
Check	VENMO; last four	please add digits of phone #
TOTAL from Above	•	
Advance from LLS	Figure Skating	

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