



20 First Street Colorado Springs, CO 80906



Travel Expense Reimbursement Form

Name _____

Address _____

Purpose of Expense _____

Charge to _____

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: 0.725															
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															

Sch. A - Detail of Expenses for Others

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.

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