



20 First Street Colorado Springs, CO 80906

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## 2020 Travel Expense Reimbursement Form

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

Charge to \_\_\_\_\_

Committee/Program/Event

DATES	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	Period Totals
	03/21/19	03/22/19	03/23/19	03/24/19	03/25/19	03/26/19	03/27/19	
Personal Auto Mileage Rate: <b>0.575</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:

Check

ACH Deposit

TOTAL from Above	