



US SKI & SNOWBOARD

TD and TDA Expense Report

Name of Event: _____ Location: _____

Dates: _____ Chief of Competition: _____

Expenses to be paid per Rule 304.1.1 of the Nordic Competition Guide

			<u>Multiplier</u>	<u>Total</u>
Technical Delegate Fee	_____ Days	X	\$100.00	\$0.00
<i>Number of days to be arranged with the OC prior to making travel arrangements</i>				

Reimbursement for Meals not Provided by the OC

[Rate is based on the GSA Per Diem Rate for the location of the lodging](#)

Breakfast	_____	X	_____ Rate	\$0.00
Lunch	_____	X	_____ Rate	\$0.00
Dinner	_____	X	_____ Rate	\$0.00

Auto Expenses

[Milage rate is based on Standard IRS Rate](#)

Own	_____ Miles	X	_____ Rate	\$0.00
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(or) Rental (attach auto and gas receipts) _____

Airfare (attach receipt) _____

Lodging (attach receipt) _____

Other Expenses (please describe below and attach receipts) _____

Total Reimbursement Requested \$0.00

Technical Delegate Name: _____

Address: _____

Phone Number: _____

Email Address: _____