



NGA EXPENSE VOUCHER

Meet/Host Gym: _____

Dates: _____ Email address: _____

Name: _____

Rating _____ Fee per hour \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Fees:

Day 1/Gym # _____ X Judging Hours _____ @ \$ _____ = \$ _____

Day 2/Gym # _____ X Judging Hours _____ @ \$ _____ = \$ _____

Day 3/Gym # _____ X Judging Hours _____ @ \$ _____ = \$ _____

Expenses:

Breakfast # _____ @ \$ _____ = \$ _____

Lunch # _____ @ \$ _____ = \$ _____

Dinner # _____ @ \$ _____ = \$ _____

Mileage: _____ RT X _____ = \$ _____

Tolls: _____ = \$ _____

Parking Fees _____ = \$ _____

Airfare _____ = \$ _____

Miscellaneous Itemize _____ = \$ _____

Check number: _____ Total: \$ _____

Signature _____

Meet Referee Signature _____

| | | | | | |
|---|---|---|---|----|---|
| 6 | 7 | 8 | 9 | 10 | x |
| | | | | | |