

Expense Voucher

Meet/Host	Gym:				
Dates:		Email addres	ss:		
Name:					
Rating:			Fee per hour \$		
Address:					
City:				Zip:	
Fees:					
Day 1/Gym #:		X Judging Hours_	@ \$	= \$	
Day 2/Gym #:		X Judging Hours_	@ \$	= \$	
Day 3/Gym #:		X Judging Hours_	@ \$	= \$	
Day 4/Gym #:		X Judging Hours_	@ \$	= \$	
		X_ idge panels)	Days Chie	f Judge Fee= \$	
Expenses: (\$45 Max pe	er day)			
Breakfast	#	@ \$	<u> </u>		
Lunch	#	@ \$	<u> </u>		
Dinner	#	@ \$	<u> </u>		
Mileage:		RT X \$0	<u> </u>		
Tolls:			\$		
Parking Fees:			\$	\$	
Airfare:			\$	\$	
Miscellaneous (Please itemize):			\$		
Check number:			Total: \$		