

Team Leader/Assistant Team Leader/ Medical Staff
EXPENSE REPORT FORM
U.S. Figure Skating

Please complete and return this form with any remaining monies within 60 days of your return. Submit all receipts and mark them accordingly.
 Return to: Julie Schmitz, U.S. Figure Skating, 20 First Street, Colorado Springs, CO 80906

Competition	Name
Location	Address
Date	
Rate of Foreign Exchange	

Cash-On-Hand

U.S. Figure Skating Cash Advance	\$ _____
Support From LOC (If Applicable)	\$ _____
Other Cash Received (Specify)	\$ _____
Total Cash-On-Hand	\$ _____

Team Leader/Asst. Team Leader/Medical Staff Expenses

Ground Transportation (Domestic)	\$ _____
Lodging: Room Rate \$_____/Day For ____ Days	\$ _____
Meals	\$ _____
Telephone/Fax/Internet	\$ _____
Other Expenses (Specify)	\$ _____
Total Expenses	\$ _____

Team Expenses (Team Leader, Skaters, Others)

Team Dinner	\$ _____
Supplies (Specify)	\$ _____
Ground Transportation On Site	\$ _____
Other Expenses (Specify)	\$ _____
Total Expenses	\$ _____

Skaters' Expenses

Lodging: Room Rate \$_____/Day For ____ Rooms x ____ Days	\$ _____
Meals/Snacks	\$ _____
Per Diem Advance	\$ _____
Other Expenses (Specify)	\$ _____
Total Expenses	\$ _____

Coaches' Expenses (If Applicable)

Meal Per Diem: Rate \$_____/Day For ____ Days	\$ _____
Other Expenses (Specify)	\$ _____
Total Expenses	\$ _____

	Total:	\$ _____
Excess/Shortage of Cash-On-Hand Over Total Expenses:		\$ _____

Signature: _____ **Date:** _____

Approved: _____ **Date:** _____
 U.S. Teams Coordinator