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**2024 National Events Assigned by USA Triathlon Stipend and Expense Reimbursement Request**

**EVENT NAME:**

**EVENT LOCATION:**

**DATE:**

**Individual Officials Stipend: $**

First Race Day Worked: $150.00

Head Referee Agreed additional fee: $75.00

Subsequent Race Days Worked: $100.00 per day **$**

1. **Mileage Charge:** R/T mileage\_\_\_\_\_\_\_ x $0.625/mile **$**
2. **Lodging Reimbursement** **(*if applicable*) $**
3. **Airfare (*if applicable*) $**
4. **Flat Rate If Agreed too: $**
5. **Parking &Tolls $**
6. **Rental Car & Fuel (*if applicable*) $**

**\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL DUE OFFICIAL: $**

**OFFICIAL’S NAME:**   
**ADDRESS:**   
**CITY, STATE, ZIP:**

**EMAIL:**   
**PHONE:**