



## 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 \$

2. **Mileage Charge:** R/T mileage \_\_\_\_\_ x \$0.67/mile \$

3. **Lodging Reimbursement** (*if applicable*) \$

4. **Airfare** (*if applicable*) \$

5. **Flat Rate If Agreed too:** \$

6. **Parking & Tolls** \$

7. **Rental Car & Fuel** (*if applicable*) \$

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**TOTAL DUE OFFICIAL:** \$

**Official's Name:**

**Address:**

**City, State, Zip:**

**Email:**

**Phone:**