



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 \$0.625/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*) \$

TOTAL DUE OFFICIAL: \$

OFFICIAL'S NAME:

ADDRESS:

CITY, STATE, ZIP:

EMAIL:

PHONE: