

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

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| **Event Name:** |  |
| **Event Location:** |
| **Date:** |
| **Individual Officials Stipend:**First Race Day Worked: $150.00Head 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*)** | **$** |
| **TOTAL DUE OFFICIAL:** | **$** |
| **Official’s Name: Address:****City, State, Zip: Email:****Phone:** |  |