**2017 National Invitational Volleyball Championship**

**Game Official Travel Expense Reimbursement Form**

Please complete this form and take it with you to your match and turn it in to the host school. A separate form is required for each round in which travel expenses are to be paid. Do not include expenses that will be applied to other matches you are working. It is necessary to include copies of all invoices and/or bills in order for expenditures to be reimbursed. Please refer to the NIVC Match Official Informationfor any questions, or contact the host school, or contact Jared Rudiger, Assistant NIVC Director, at 970-672-0547; jared@triplecrownsports.com. Please return this to the host school.

Date:\_\_\_\_\_\_\_\_\_\_\_ Host Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Game Opponents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure from home: Date:\_\_\_\_\_\_\_\_\_\_\_\_

Return to home: Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Officials’ Match Fee:** $450 total for Rounds 1 & 2, $250 per round for 3 & 4, $300 per round Semi and Champ $­­­­­\_\_\_\_\_\_\_\_\_\_

**Line Judge Match Fee:** $150 total for Rounds 1 & 2, $100 per round for 3 & 4, $125 per round Semi and Champ $\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation:**

Officials’ travel arrangements must be made through Vista Travel. Please contact Vista at 1-732-574-1100.

**Air** From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost $\_\_\_\_\_\_\_\_\_\_

**Auto** (Personal)

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ One-Way Mileage: \_\_\_\_\_\_\_\_$1.07 x /mi Cost $\_\_\_\_\_\_\_\_\_\_

**Local Transportation:**

Auto (Maximum of one rental per game site to be shared with other officials)

From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost $\_\_\_\_\_\_\_\_\_\_

**Lodging:**

Officials’ lodging must be arranged through Julie Dawson at 304-757-3307 or jtruslow\_swhost@yahoo.com.

Room Rate Tax Total x Number of Nights

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_ Total Hotel Cost $\_\_\_\_\_\_\_\_\_\_

 ***Total Reimbursement $\_\_\_\_\_\_\_\_\_\_***

**Please return to host institution**

**Information about Game Official filling out this form:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Return this form along with copies of all invoices to the host institution