****

**Game Official Travel Expense Reimbursement Form**

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

 Please complete this form and take it with you to your game 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 games you are working on. It is necessary to include copies of all invoices and/or bills for expenditures to be reimbursed.  Please refer to the NIVC Game Officials Guidelines for any questions, or contact the host school, or contact Jared Rudiger, NIVC Director, at 970-672-0547; [jared@triplecrownsports.com](mailto:jared@triplecrownsports.com) Please return this to the host school.

Game Date: \_\_\_\_\_\_\_\_\_\_\_     Host Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teams:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_

**Official Game Fee**

ROUNDS 1&2: $250 per

ROUND 3: $275 per

SEMIFINAL & CHAMPIONSHIP: $325 per

**Line Judge Game Fee:**

ROUNDS 1 & 2: $100 per

ROUND 3: $125 per

SEMIFINAL & CHAMPIONSHIP: $150 per

**Transportation:**

Officials’ travel arrangements must be made through Frosch Travel.

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

**Auto** (Personal)

From: \_\_\_\_\_\_\_\_\_\_\_\_\_To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RT Mileage: \_\_\_\_\_\_x $.65.5/mi Cost$\_\_\_\_\_\_\_\_\_\_

**Local Transportation:**

Auto (If renting a car, submit actual cost of car rental plus gas. If not renting, submit mileage above.)

Rental cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gas cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost $\_\_\_\_\_\_\_\_\_\_

**Lodging:**

Room Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_ ­Tax: \_\_\_\_\_\_\_\_\_\_\_\_\_ # of Nights X\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Per Diem:**

**($75 for an approved overnight stay)**

$\_\_\_\_\_\_\_\_\_\_\_

**Total Reimbursement due: $\_\_\_\_\_\_\_\_\_\_**

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_