

## Subsidy Reimbursement Form

Trial number(s): \_\_\_\_\_ Trial date(s): \_\_\_\_\_

Trial Host: \_\_\_\_\_ Trial Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Judge Travel Expenses

Mileage @ .50/km

\_\_\_\_\_ km \_\_\_\_\_

Airfare \_\_\_\_\_

Hotel \_\_\_\_\_

Tolls/fees \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_ **50%** \_\_\_\_\_

**Please provide copies of receipts (excluding mileage).**