



**National Collegiate Athletic Association
Statement of Official's Fees and Expenses**

A fee of \$_____ per person per game, plus travel expenses according to the actual mode of transportation up to commercial air fare not to exceed coach air fare or 50 cents per mile round-trip, and a per diem shall be paid. Officials shall receive a full day's per diem for the day of arrival at the championships site, for each day of competition and for the day of departure. If an official is required to remain overnight, the host institution shall pay for the hotel room and tax (but not incidentals) and be reimbursed by the NCAA.

Certain items on this statement of expense are considered taxable. This includes fees, honorariums and per diem. If your annual taxable income from the NCAA exceeds \$600, a 1099-MISC form will be issued. This amount should be included on your annual income tax return. It is the responsibility of the recipient to keep track of un-reimbursed expenses incurred that could potentially reduce tax liability. Officials should retain original receipts and submit copies of those required for reimbursement.

National Collegiate: _____
(division and sport)

Date (s): _____

at _____
(location)

TRANSPORTATION

From: _____ To: _____
(City, ST) (City, ST)

Car rental (if approved in advance) \$ _____
 _____ Auto miles at 50 cents per mile round-trip (personal auto) \$ _____
 Acct# _____ .6607.0000
 Subtotal \$ _____

PER DIEM ALLOWANCE

_____ Day(s) at \$ _____ per day \$ _____
 Acct# _____ .6615.0000

FEES

_____ Game(s) at \$ _____ \$ _____
 Acct# _____ .6614.0000
 TOTAL \$ _____

PLEASE COMPLETE AND RETURN TO THE HOST INSTITUTION'S DIRECTOR OF ATHLETICS, SENIOR WOMAN ATHLETICS ADMINISTRATOR OR THE SPONSORING AGENCY TO BE ATTACHED TO THE COMPLETED FINANCIAL REPORT. THE HOST INSTITUTION WILL BE RESPONSIBLE FOR PAYING THE GAME OFFICIALS.

PRINTED NAME	SIGNATURE
STREET ADDRESS	SOCIAL SECURITY #
CITY/STATE/ZIP	NCAA Approver (Print)
PHONE OR EMAIL	NCAA Staff Signature