

EGO BOOSTER CLUB VALUE AWARD CLAIM FORM

Please complete this form, IF you are requesting the check to be made payable to you - submit the form to the Orlando Metro front office for signature and place it in the Value Points Folder. Each 1.0 value point is equal to \$10.00. The date of the claim that you are requesting reimbursement for MUST fall between 6-1-09 through 5-31-10 ONLY. You can only claim one time for each "item". The total at the bottom of the \$\$\$ column MUST BE EQUAL OR LESS THAN the total amount of points in your bank (remember 1 point = \$10.00). (If you have 20 points in your bank (\$200) the total on this form MUST be \$200 OR LESS – Not over unless your gymnast competed in Regionals, Nationals, or an International meet and the "item" that you are claiming is related to that meet.)

Gymnast's Name _____ Level _____ Date _____

Eligible Expenses	<u>Amount</u>
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Team Travel (Attach a statement from the gym indicating paid or the need to pay the item)

What month of the team travel are you asking for reimbursement?

_____ July	_____
_____ August	_____
_____ September	_____
_____ October	_____
_____ November	_____
_____ December	_____
_____ January	_____

Gymnast's Meet Registration Fee- you can ONLY claim this IF you are NOT claiming Team Travel payment above. (Team Travel Payments include this item.) (Attach a statement from the gym indicating paid or the need to pay the item)

Name of Meet:

_____	_____
_____	_____
_____	_____
_____	_____

One Chaperone entry per meet (No receipt needed)

Name of Meet:

_____	_____
_____	_____
_____	_____
_____	_____

Hotel (Attach receipt NOT an email or internet confirmation. Receipt MUST show a \$0 balance – can give copy of credit card statement indicating amount WITH the internet confirmation).

Name of Meet:

_____	_____
_____	_____
_____	_____

Airfare (Attach receipt NOT an email or internet confirmation. Receipt MUST show a \$0 balance – can give copy of credit card statement indicating amount WITH the internet Confirmation)

Name of Meet:

Mileage (Must attach Mapquest or the like with the total # of miles from your house or the gym TO the meet site – Mileage rates based on IRS rules)

Name of Meet:

Tolls, Rental Cars, Parking Fees- hotel, airport, meet site (Attach receipt NOT an email or internet confirmation. Receipt MUST show a \$0 balance – can give copy of credit card statement indicating amount WITH the internet confirmation)

Name of Meet:

Food (Must attach an itemized receipt – can claim gymnast and ONE Chaperone – NO Alcohol. Receipt MUST list out the individual food/drink items. You can NOT use a hotel statement where it lumps all the food purchased at the restaurant or room service. FOOD/DRINKS – (MUST BE ITEMIZED). The maximum is \$25.00/day/person for competition day. \$15.00 /day/person for travel days

Name of Meet:

Camps (Attach a statement from the gym indicating paid or the need to pay the item)

Name of Camp and what year

Compulsory – weekend _____ Year _____

Competitive – week long _____ Year _____

Recruitment _____ Year _____

Miscellaneous Eligible Expenses (Attach a statement from the gym indicating paid or the need to pay the item)

USAG # _____

Congress Fee _____

Competition Leo/Warm-up _____

Grips, Tape and/or Prewrap purchased from the office _____

Pro Shop Type Items (Attach an itemized receipt indicating a \$0 balance)

Grips _____

Tape/Prewrap _____

Wrist bands (go under the grips) _____

Beam Shoes _____

Wrist Guards _____

Choreography/Floor Music (Attach an itemized receipt, or copy of your cancelled check FRONT and BACK or copy of credit card statement indicating amount WITH the internet confirmation)

Choreography Beam _____

Choreography Floor _____

Music for Floor _____

GRAND TOTAL of AMOUNT Column \$ _____

Payable to: Orlando Metro _____

Payable to: Orlando Metro Team Travel _____

Payable to: _____

For Official Use Only: Requested Total: \$ _____ in Value Points: _____

Approved: _____

Orlando Metro

Check #	Date:	Amount: \$	Value Awards Coordinator
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x

Check #	Date:	Amount: \$	Family Page: _____
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Main Page: _____

Check #	Date:	Amount: \$	Treasurer
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x