



OSC MEMBER CLUBS' OFFICIAL CONTINUING EDUCATION EXPENSES REIMBURSEMENT REQUEST

Reimbursement request must be submitted no later than June 15th

In accordance with the mission of the Oregon Skating Council, the Board of Directors has determined that figure skating officials (including, but not limited to judges, ice technicians, accountants, IJS technical panel and music technicians) who have as their home club a club that is a member of Oregon Skating Council, may apply for reimbursement of expenses. The division of Funds will be decided at the time ALL reimbursement forms, with proper documentation, are received by the Treasurer, and are based upon available Funds.

1. Expenses must be limited to travel, lodging, and food.
2. Receipts must be submitted with this application.
3. Reimbursement applies to the following:
 - * trial judging, practice judging for IJS certification, internship or clerking at any U.S. Figure Skating qualifying event or US Figure Skating approved non-qualifying event.
 - * Attending U.S. Figure Skating approved school/seminar/training session for skating official.
4. If the official was compensated for his/her activities, those expenses may not be submitted.
5. Prospective officials without an appointment may apply for reimbursement after they received their first appointment.

| | | | | | |
|--|--|--------|--|------------------------------------|-----------|
| Official Name (Please print clearly): | | USFS# | | Home Club: | |
| Address: | | City: | | State: | Zip Code: |
| Email: | | Phone: | | | |
| Name of School, Seminar, Event Tried or Clerked: | | Date: | | Total Amount of attached receipts: | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total amount requested * | | | | | |

*** Note - amount reimbursed is based on fund availability set in the budget of the year.**

Please mail completed form to: Oregon
Skating Council, Attn: Treasurer
8630 SW Scholls Ferry Road #118
Beaverton, OR 97008
Email: treasurer@oregonskating.org

Signature: _____

For office use only:

Total Amount Approved: _____ **Check#** _____ **Dated** _____

Check payable to: _____