

STATE ATHLETIC COMMISSION OF NEVADA

PER DIEM ACKNOWLEDGEMENT FORM
REQUIRED FOR REIMBURSEMENT (NRS 467.108)

****For meals at \$20/day for Event Dates only - Does not include travel days****

EVENT

Event Name: (attach bout sheet) _____

Event Date(s): (listed on USA Boxing calendar) _____

Event Location: _____

Event Hosted By: _____

THIS IS TO CERTIFY THAT PER DIEM WAS RECEIVED ON THE TRIP LISTED ABOVE:

	Printed Name	Coach/ Chaperone	Boxer	Signature	Number of Days at Event	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
TOTAL PER DIEM REQUESTED						

Per Diem Form reviewed and submitted by: _____ Date: _____

Signature: _____