

**BASKETBALL OBSERVATION PROGRAM  
EXPENSE FORM  
(Return to Marsha Karst)**

Expense Statement of: \_\_\_\_\_  
(Name of Observer or Active Official)

Date of Observation: \_\_\_\_\_

If a classic or multiple game event – name event: \_\_\_\_\_

Base Pay (\$30.00)	\$ _____
Extra Game Fee (\$5.00)	\$ _____
Extra Mileage Fee (\$10.00) (More than 65 miles from game site)	\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____</b>

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

RETURN TO: **Marsha Karst  
SDHSAA  
804 N. Euclid Ave. Suite 102  
Pierre, SD 57501**