



EASTSHORE MUSIC REGION

Adjudicators' Expense Sheet

 Date of Event

 Location of Event

Name of Adjudicator _____

Address _____

Phone _____

Event _____
 Judged _____

EXPENSES

Judging Fee \$ _____
 (full day \$300/ half day \$175)

Day exceeding Seven Hours \$30 \$ _____
 Per additional hour

Mileage at 58 cents per mile \$ _____

Meal Reimbursement \$ _____

Housing Reimbursement \$ _____

TOTAL Amount Due \$ _____

 Judge's Signature

 Chairperson's Signature

Event Chairperson, record the above information on expense sheet