

Oregon Federation of Music Clubs

2010 Adjudicator Expense Report

Name/Last _____ First _____

Address _____ City/State/Zip _____

SSN _____

Area _____ Event (piano, vocal, etc...) _____

Judging Dates Please list here	Total Hours (exclude meals):	X \$37.50 per hour =	
	Total No. Miles Driven:	X IRS Current Allowance=	
Motel Dates Please list here:	Total Nights: Please include receipts	Charge/Night:	Total of Motel receipts:
	Meals Reimbursement In Town (\$10.00/day): <input type="checkbox"/> Out of Town (\$25.00/day): <input type="checkbox"/> <i>No receipts required for meals</i>	Total Adjudication Days:	Total of Meal Reimbursement:

TOTAL AMOUNT:
State Chairman will total _____

Adjudicators: Please include motel receipts and submit this form *within one week* to the Festival Coordinator. Use the back of this page for any further details.

Please submit a separate report for each area in which you adjudicate!

Festival Coordinators: Please verify and **sign** this report, make a copy for your records, then forward the original to the OFMC Festival Chairman:

Oliver Poida - 3818 N Commercial Ave. Portland, OR 97227

Area Chairman Signature _____

State Chairman Signature _____

For OFMC Treasurer's Use Only:

Date Paid: _____ Check: _____ Amount of Check: \$ _____

