



## 7. Adjudicator Expense Report- Festival

Name/Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Area \_\_\_\_\_ Event (piano, vocal, etc...) \_\_\_\_\_

<b>Judging Dates</b> Please list here	Total Hours (exclude meals):	<b>X \$45.00 per hour =</b>	
	Total No. Miles Driven:	<b>X IRS Current Allowance=</b>	
<b>Motel Dates</b> Please list here:	Total Nights: <b>Please include receipts</b>	<b>Charge/Night:</b>	Total of Motel receipts:
	<b>Meals Reimbursement</b> In Town (\$10.00/day): <input type="checkbox"/> Out of Town (\$25.00/day): <input type="checkbox"/> <i>No receipts required for meals</i>	<b>Total Adjudication Days:</b>	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:

Sarah Bisceglia, 17300 SE 82<sup>nd</sup> Dr, Clackamas, OR 97015

[irishrose@whisperingroses.net](mailto:irishrose@whisperingroses.net)

Area Chairman Signature \_\_\_\_\_

State Chairman Signature \_\_\_\_\_

\*This form and adjudicator guidelines are available under the Forms tab on [oregonfmc.org](http://oregonfmc.org)

*For OFMC Treasurer's Use Only:*

Date Paid:

Check:

Amount of Check: \$