



Adjudicator Expense Report 2018

Name/Last _____ First _____

Address _____ City/State/Zip _____

Email _____ Phone _____

SSN: _____

Event _____

Judging Dates Please list here	Total Hours (exclude meals):	X \$45.00 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: _____

Adjudicators: Please include motel receipts and submit this form **ASAP** to the Event Coordinator. Use the back of this page for any further details. Please sign below.

Event Coordinators: Please verify and **sign** this report, make a copy for your records, then forward the original with receipts to:

*Deborah Butler, OFMC Treasurer
15805 S. Abiqua Rd NE~ Silverton, OR 97381
(503) 873-3159 ~ butlers9@frontier.com*

Adjudicator Signature _____

Event Chair Signature _____

*This form and adjudicator guidelines are available under the Forms tab on oregonfmc.org

<i>For OFMC Treasurer's Use Only:</i>		
Date Paid:	Check:	Amount of Check: \$

