

Columbia Basin Music Educators Association
Contest Financial Report #2
To Be Filled Out & Signed By Every Adjudicator!!

Name of Contest: _____ Date: _____

Location Of Contest: _____

Name Of Adjudicator: _____

Adjudicator's Home Address: _____

City , State, Zip: _____

School Email: _____ Home Email: _____

Home Phone #: _____

Work Phone #: _____

Expenses

Judges Stipend _____
(\$100 for 3 hrs or less, \$150 for more then 3 but less then 6 hrs, \$250 for 6-8 hours)

Day exceeding Eight Hours _____
(8 hr stipend plus \$25.00 per hr past 8 hrs)

Mileage: _____
Miles Driven _____ @ \$0.445 per mile

(airfare will be reimbursed for the equivalent driving mileage only)

Meals Reimbursed (receipts must be included)
_____ Breakfast @ 5.00 per meal _____
_____ Lunch @ 8.00 per meal _____
_____ Dinner @ 12.00 per meal _____

Housing Reimbursement (receipts must be included)
(One way mileage must exceed 125 miles, reimbursement to a
maximun of \$50.00 for one night only) _____

Total Amount Due _____

(Judges Signature)

(Chairperson's Signature)