

ADJUDICATOR INVOICE

Adjudicator Name _____

Address _____

Issued to (District Festival) _____

FEE	
Fee: \$350.00/day (regardless of the number of sessions)	
_____ Days X \$350.00 =	Total Fee: \$ _____
EXPENSES (attach all receipts)	
Travel	
airline/bus fare (CAN\$)	\$ _____
OR	
car _____ kms @ 42¢/km	\$ _____
Meals (if applicable)	\$ _____
Other	\$ _____
Total Expenses: \$ _____	

Adjudicator Signature

Date

Payable upon receipt.