

## 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.