



## 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 @ 48¢/km \$ \_\_\_\_\_

Meals (if applicable) \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

\_\_\_\_\_  
Adjudicator Signature

\_\_\_\_\_  
Date

Payable upon receipt.