



ADJUDICATOR INVOICE

Adjudicator Name _____

Address _____

Issued to (District Festival) _____

FEE

Fee: \$400.00/day (regardless of the number of sessions)

_____ Days X \$400.00 = 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.