

Judges' Expense Voucher Summary

Date: ___/___/2010 or 2011

Gym Name: _____

Address if outside facility: _____

JUDGE NAME	Rating	FEE			Meals	(no decimals) Miles by Day	Total Here	Mileage \$ Amount	TOTAL
		Day 1	Day 2	Day 3					
1	<i>Meet Ref</i>					1. ___ - ___ = ___ 2. ___ - ___ = ___ 3. ___ - ___ = ___			
2						1. ___ - ___ = ___ 2. ___ - ___ = ___ 3. ___ - ___ = ___			
3						1. ___ - ___ = ___ 2. ___ - ___ = ___ 3. ___ - ___ = ___			
4						1. ___ - ___ = ___ 2. ___ - ___ = ___ 3. ___ - ___ = ___			
5						1. ___ - ___ = ___ 2. ___ - ___ = ___ 3. ___ - ___ = ___			
6						1. ___ - ___ = ___ 2. ___ - ___ = ___ 3. ___ - ___ = ___			
7						1. ___ - ___ = ___ 2. ___ - ___ = ___ 3. ___ - ___ = ___			
8						1. ___ - ___ = ___ 2. ___ - ___ = ___ 3. ___ - ___ = ___			

	DAY 1			DAY 2			DAY 3		
	March In	End	*Judging Time	March In	End	*Judging Time	March In	End	*Judging Time
Session 1									
Session 2									
Session 3									
Session 4									
Session 5									
	Total Judging Time			Total Judging Time			Total Judging Time		
	**Total Time at Meet			**Total Time at Meet			**Total Time at Meet		
	Less Break Time			Less Break Time			Less Break Time		
	Hours to be Paid			Hours to be Paid			Hours to be Paid		

*Judging time starts when March In begins and continues until the last score is submitted to the scoring system. ** Total time starts at scheduled MI or actual MI, whichever is earlier.

Meet Referees need to mail the original copy of this sheet within 5 days to SJD Sharon Doyle at 848 Mill Bend Drive, Lawrenceville, GA 30044