

Judges' Expense Voucher

Date: _____

Meet: _____

NAME	MILEAGE		MEALS	MISCELLANEOUS	SUBTOTAL	FEE			TOTAL
	Miles	\$ Amount				DAY 1	DAY 2	DAY 3	
Rating_____ Rate/Hr_____									
Rating_____ Rate/Hr_____									
Rating_____ Rate/Hr_____									
Rating_____ Rate/Hr_____									
Rating_____ Rate/Hr_____									
Rating_____ Rate/Hr_____									
Rating_____ Rate/Hr_____									
Rating_____ Rate/Hr_____									

DAY 1			
	March In	End	Judging Time
Session 1			
Session 2			
Session 3			
Session 4			
TOTAL JUDGING TIME			
Total Time At Meet		_____	
LESS Break Time*		_____	
HOURS TO BE PAID			
*Actual break OR allowable break, whichever is less			

DAY 2			
	March In	End	Judging Time
Session 1			
Session 2			
Session 3			
Session 4			
TOTAL JUDGING TIME			
Total Time At Meet		_____	
LESS Break Time*		_____	
HOURS TO BE PAID			
*Actual break OR allowable break, whichever is less			

DAY 3			
	March In	End	Judging Time
Session 1			
Session 2			
Session 3			
Session 4			
TOTAL JUDGING TIME			
Total Time At Meet		_____	
LESS Break Time*		_____	
HOURS TO BE PAID			
*Actual break OR allowable break, whichever is less			

Reminder: Meet Referees need to mail the original copy of this sheet within 5 days of the meet to SJD Sharon Doyle at 848 Mill Bend Drive, Lawrenceville, GA 30044.
Please note any unusual occurrences on the back of the form.