

NORTH DAKOTA FEDERATION OF MUSIC CLUBS

_____ Festival – Judge’s Expense Report (year)

Please print.

Judge’s Name: _____

Area (please circle): piano instrumental voice dance

Mailing Address: _____

City/State/Zip: _____

Phone or E-mail: _____

Judge’s Expenses:

Fee* (\$150.00 for a full day) \$ _____

*Fee is pro-rated @ \$20.00/hour for part-time judges.

Hotel** (up to \$96.00/night) \$ _____

**You must submit the hotel receipt or a copy of it.

Travel (roundtrip, 25¢/mile) \$ _____

TOTAL EXPENSES \$

JUDGES: Please submit this expense report, along with hotel receipt (if applicable), to your district chairman on the day of the Festival. You will be reimbursed by check for your expenses by the State Treasurer.

Festival Chair’s signature: _____

Festival District: _____

Festival Date: _____

Revised September 2019

State Treasurer’s Use: Paid \$ _____ with check # _____ on ____ / ____ / ____
