NORTH DAKOTA FEDERATION OF MUSIC CLUBS
Festival – Judge’s Expense Report

JUDGES: Please fill out this expense report on the day of the Festival and give to your district chairman. You will receive payment by check from the State Treasurer.

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 of 6 hours) . . . . . . . $________.
*Rate is $25.00/hour. Pro-rate for partial days.
Hotel** (up to $96.00/night) . . . . . . . . . . . . . . . . . . . $________.
**You must submit the hotel receipt or a copy of it.
Travel (roundtrip, 25¢/mile) . . . . . . . . . . . . . . . . . . . . . . . $________.

TOTAL EXPENSES $________.

FESTIVAL CHAIR: Please SIGN and DATE this form, to verify it is correct, BEFORE SENDING it to the state treasurer.

Festival Chair’s signature: ____________________________________________
Festival Date: _______________________________________________________
Festival District: _____________________________________________________

Revised September 2022

State Treasurer’s Use: Paid $ ______.______ with check # ______ on ____/____/____.