

NORTH DAKOTA FEDERATION OF MUSIC CLUBS

_____ Festival – Judge's Expense Report

(year)

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 \$107.00/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 2024

State Treasurer's Use: Paid \$ _____ with check # _____ on _____ / _____ / _____.
