

**NEBRASKA MUSIC TEACHERS ASSOCIATION
EXPENSE AND MILEAGE REPORT
FOR FESTIVAL AND COMPETITION ADJUDICATORS**

Event/district adjudicated: _____ Date: _____

Please attach itemized receipts to this document.

Meals:	Date	Meal	Place	
	_____			Amount \$ _____
	_____			Amount \$ _____
	_____			Amount \$ _____
	_____			Amount \$ _____
Total Meal Expenses				\$ _____

Transportation: Round Trip Mileage _____ @ **\$.50 per mile** \$ _____

TOTAL EXPENSES \$ _____

Signature: _____

Print Name: _____

Address: _____

Phone: _____

Email: _____

Expenses must be submitted in the calendar year of the event and reimbursement checks for those expenses must be cashed in the calendar year of the event. If these stipulations aren't met, the expenses will not be reimbursed, and/ or checks given for these expenses will not be honored.

Please give to Festival Chair BEFORE you leave the site. Thank you!
(rev. 4/4/24)