

AGA JUDGES EXPENSE FORM 2015

(To be completed by Meet Referee and kept as a receipt by the Meet Director.)

Date of Meet:

Meet Location:

Developmental/JP	Start Time	End Time	# Hours
Session 1			
Session 2			
Session 3			
Session 4			
Session 5			
TOTAL JUDGING HOURS:			

Meet Director:

Meet Referee:

NAME	EVENT	SESSION FEES			MILEAGE \$.50 per mile			Tolls	MEALS			HOTEL	TOTAL DUE	INT.
		Rate	#HRS	FEE	MILES or hrs.	RATE	FEE		B (\$6)	L (\$7)	D (\$8.50)			
				\$					\$	\$	\$	\$	\$	
				\$					\$	\$	\$	\$	\$	
				\$					\$	\$	\$	\$	\$	
				\$					\$	\$	\$	\$	\$	
				\$					\$	\$	\$	\$	\$	
				\$					\$	\$	\$	\$	\$	
				\$					\$	\$	\$	\$	\$	
				\$					\$	\$	\$	\$	\$	
				\$					\$	\$	\$	\$	\$	
TOTALS				\$					\$	\$	\$	\$	\$	

Signatures:
Meet Referee: _____

Witness (Judge): _____