

MT NAWGJ Expense Voucher



Date: _____

Meet Name Site: _____

Name: _____ Rating: _____

Email: _____ 

Address: _____

City: _____ State: _____ Zip: _____

Day 1: _____ Judging Hours @ \$ _____ /hr = \$ _____

Day 2: _____ Judging Hours @ \$ _____ /hr = \$ _____

Day 3: _____ Judging Hours @ \$ _____ /hr = \$ _____

Total Judging Fees: = \$ 

Expenses

| | |
|---|--|
| <div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; vertical-align: top;">Receipts Required</div> | RT Miles _____ x \$ _____ /mile = \$ _____ |
| | Airfare = \$ _____ |
| | Parking Fees = \$ _____ |
| | Miscellaneous Itemize = \$ _____ |

Breakfast: # _____ @ \$ _____ Date: _____ = \$ _____

Lunch: # _____ @ \$ _____ Date: _____ = \$ _____

Dinner: # _____ @ \$ _____ Date: _____ = \$ _____

Thank You!

Total Expenses: = \$ 

Payment Rec'd: Yes No TOTAL: = \$ _____