



OREGON MUSIC TEACHERS ASSOCIATION, INC.

Syllabus Adjudicator's Payment Form

Please submit **WITHIN TWO WEEKS** of each completed assignment.

Adjudicator: _____ Certified: Yes _____ No _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number: _____

- Send one form for each DISTRICT assignment (single, consecutive, or multiple but non-consecutive days.)
- Attach a copy of each day's schedule.
- Attach a copy of the hotel bill printout, (when applicable) not the charge card receipt.

Date(s): _____

District: _____ (For Portland, please list; Hillsboro, Bethany, NW, East Portland, Beaverton N., Beaverton S., West Linn/Lake Oswego, West Hills, UD Portland E., UD Portland W. I, or UD Portland W. II.)

Instrument: _____

Total adjudicating minutes: _____ Add minutes for each student, conference, forfeit, and break (excluding lunch). Attach schedules.

\$90.00 Lodging allowance: _____ Number of nights (receipt attached). For multiple days out of District and necessary stays before and/or after adjudication days.

\$25.00 meal allowance: _____ number of nights. Applicable for hotel OR host stays, including final travel night, when mileage is 100+ miles one way.

Mileage: _____ (as per current government standards) Indicate round trip.

Send to State Treasurer:

Fern L. McArthur, NCTM
2128 Elysium Ave.
Eugene, OR 97401-7426

Signature _____ Date _____