

2008 NCMEA Adjudicator / Clinician Agreement

The North Carolina Music Educators Association's Student Event Chair for _____
Section & District
agrees to pay _____ the following amounts for services outlined below.
Adjudicator / Clinician's Name

Professional Fee \$ _____ per day

Payment is contingent upon having a W-9 on file in the NCMEA Office.
Please submit the first page of the W-9 with this agreement.

Event Title _____

Services to be provided _____

Event Location _____

Event Date/s and Times _____

Adjudicator / Clinician Information

Name _____

Address _____
First Middle Initial Last

E-mail _____
Street City State Zip Code

Phone _____ Cell Phone _____

Event Chair's Signature Date

Adjudicator / Clinician's Signature Date

Expense Reimbursement Policy – Receipts are required for all expenses.

Event Chair will provide Adjudicator / Clinician Payment Request form at the event.

TRAVEL

NCMEA does not provide for the use of a rental car.
Automobile – Round trip travel from your hometown to the event site.
Mileage @ \$.485 per mile
Flight – Lowest Coach

MEALS

Breakfast \$7.00 maximum
Lunch \$9.25 maximum
Dinner \$15.75 maximum

LODGING IS ARRANGED BY THE EVENT CHAIR but shall not exceed \$100 per night.

Please keep a copy for your records. Return the original to the Event Chair.

