2008 NCMEA
Adjudicator / Clinician Payment Request

Payee Information

Name _____
First Middle Initial Last

Address _____
Street City State Zip Code

Email _____ Phone _____

Student Event Information

_____
NCMEA Section Student Event Title Event Date/s

Professional Fee and Expense Documentation
Receipts are required for all expenses.

Staple receipts to the back of this form.

Professional Fee– Amount as in Agreement $ _____

Please staple all receipts to the back of this form and paper clip a W-9 form to your Payment Request Form. Payment is contingent upon having a W-9 on file in the NCMEA Office.

Travel - Please attach all receipts.

NCMEA does not provide for the use of a rental car.

Automobile - Round Trip Travel from _____ to _____

Mileage_____ miles @ $.485 = $ _____

Flight (Coach) $ _____

Lodging – If paid by clinician rather than the event chair (Cost not to exceed $100 per day total including taxes.)
$ _____

Meals - **Please attach all receipts**.

Date	Breakfast ($7.00 max.)	Lunch ($9.25 max)	Dinner ($15.75 max)	Daily Total
Total Meals				

Summary of Payment Request:

Clinician's Fee	$ _____
Travel	$ _____
Meals	$ _____
Lodging, if clinician paid	$ _____
Total Payment Request	**$** _____

Adjudicator / Clinician's Signature _____ Date _____

Student Event Chair's Signature _____ Date _____

Signed form and documentation should be given to the NCMEA Student Event Chair, with documentation, prior to your leaving the event.