



PMEA ADJUDICATION

ADJUDICATOR EXPENSE FORM

MPA Location: _____ MPA Date: _____

CONTACT INFORMATION FOR PAYMENT AND THE PMEA ADJUDICATOR DATABASE

Please complete as applicable.

Adjudicator Name: _____

Home Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

School/University Affiliation (past if retired): _____

Preferred Contact Email: _____

Honorarium: \$ _____

Other: \$ _____ Description: _____

Must be pre-approved by the Host & Adjudication Chair and documented by receipts (lodging, meals, etc.) in order to be authorized for reimbursement.

TOTAL: \$ _____

Adjudicator Signature

Please submit to the Host before leaving the site. Host – please attach this to the Host Expense form and submit all collected forms to the Adjudication Chair within one week of the MPA.

Adjudicators should receive payment within one month of the MPA.