



Adjudicator Contract

Festival, 2016-2017

Name/Last _____ First _____

Address _____ City/St/Zip _____

Phone _____

Email _____

SSN: _____

Please list which event(s) you are adjudicating: _____

Totals	
Compensation:	\$45.00 per hour
Total Hours:	
Mileage Reimbursement:	IRS rate at time of compensation.
Food Allowance Per Day:	\$25.00, if applicable.
Hotel:	Up to \$150.00 per night, if applicable.

Receipts are not required for meal reimbursement. Receipts are required for hotel reimbursement.

Have you ever been convicted of, or charged with, a felony? ☐ Yes ☐ No

I hereby attest to the best of my knowledge that the above information is both true and accurate.

Dated this _____ day of _____, 20_____.

Adjudicator Signature

Please return this contract to:

Lisette Sage- OFMC Treasurer
15240 SW Obsidian St.
Beaverton OR 97007
ikbenhier@comcast.net