INVOICE

Customer

Name _____   Date _____

Address _____

City _____ State _____ ZIP _____

Phone _____

DATE	Start Time	End Time	Total Hours	Overtime Hrs (>10hrs)	DAY FEE	OVERTIME FEE		TOTAL
						SubTotal		

REIMBURSABLE EXPENSES

Airfare		
Rental Car		
Mileage		
Meals		
Hotel		
Misc.		
	SubTotal	
	TOTAL	

Thank you for hiring me to judge your show!!