SCMTA VOUCHER FOR ADJUDICATOR FEES

_____ _____
Name of person making request Event

_____ _____District _____State _____National
Address

_____ _____ _____
Phone Email Address Date Submitted

DATE OF EVENT:_____Checks will be mailed to above address in advance of event unless otherwise instructed:_____

LIST JUDGE NAME AND AMOUNT OF PAYMENT (FOR TREASURER) CHECK NO

_____	_____.____	_____
_____	_____.____	_____
_____	_____.____	_____
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_____	_____.____	_____
_____	_____.____	_____

TOTAL AMOUNT FOR ADJUDICATOR FEES _____.____

FOR TREASURER'S USE ONLY Date Rec'd_____ Date Mailed_____ VOUCHER # **E**_____