

**THEATRE ASSOCIATION OF NEW YORK STATE** - **ADJUDICATOR REIMBURSEMENT FORM eAP-012**

 Mail or e-mail with 3-page Production Evaluation Form to:
 **Paul Nelson, 220 ½ North 4th St, Olean, NY 14760**

 paulanelson1979@gmail.com

Adjudicator: Name:

Address:

Producing Company Adjudicated:

Name of Production:

Date of Adjudication (mm/dd/yy):

Type of Adjudication: **[ ]**  For Learning **[ ]**  Technical Adjudication **[ ]**  For Festival

 Other: **[ ]**  Adjudicator Required Meeting **[ ]**  (specify)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date(mm/dd/yy) | **( A )**Quantity | Description | **( B )**ActualRate / Cost | **( C )**Extension**( A ) X ( B ) =** | **( D )**ReimbursableDollars | **( E )**Donation-In-Kind Dollars |
|       |       | Round trip miles atnonprofit rate of | .14 |       |       |       |
|       |       | Tolls |  |       |       |       |
|       |       | Hotel Room |       |       |  |       |
|       |       | Breakfast |       |       |  |       |
|       |       | Lunch |       |       |  |       |
|       |       | Dinner |       |       |  |       |
|       |       | Other: |       |       |  |       |
|       |       | Other: |       |       |  |       |
|  |  |  | TOTALS |      = |       |       |

**\*\*\*\*\* ATTACH ALL RECEIPTS and TICKETS \*\*\*\*\***

Total number of actual hours involved in activity, including driving:

Did you receive your **Seventy-Five Dollar ($75)** Adjudicator’s Fee? **[ ]  yes** **[ ]  no**

If not, were arrangements made to forward it to you? **[ ]  yes** **[ ]  no**

### **\*\*\*\*** Are you waiving your reimburseable mileage rate and tolls? **[ ]  yes** **[ ]  no** **[ ]  partly \*\*\*\***

Comments:

**Electronic Signature:** **Date:**

**Signature (if mailed) Date:**

Adjudicator Coordinator Initials: Date:

(adjudication verification only)

##### Form No. e-AP-012 – revised November 7, 2021