

**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 )**  Actual  Rate / Cost | **( C )**  Extension  **( A ) X ( B ) =** | **( D )**  Reimbursable  Dollars | **( E )**  Donation-  In-Kind Dollars |
|  |  | Round trip miles at  nonprofit 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