# Judges' Expense Voucher 2025-2026

Date: _____ Meet: _____

| NAME/ADDRESS | MILEAGE | | MEALS | MISCELLANEOUS | SUBTOTAL | FEE | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | Miles | $ Amount | | Itemize | | DAY 1 | DAY 2 | DAY 3 | |
| Rating_____ Rate/Hr_____ | | | | | | | | | |
| Rating_____ Rate/Hr_____ | | | | | | | | | |
| Rating_____ Rate/Hr_____ | | | | | | | | | |
| Rating_____ Rate/Hr_____ | | | | | | | | | |
| Rating_____ Rate/Hr_____ | | | | | | | | | |
| Rating_____ Rate/Hr_____ | | | | | | | | | |
| Rating_____ Rate/Hr_____ | | | | | | | | | |
| Rating_____ Rate/Hr_____ | | | | | | | | | |

| DAY 1 |
|---|
| Report Time: |
| Meet End Time: |
| Total Time on site = hours paid: |

| DAY 2 |
|---|
| Report Time: |
| Meet End Time: |
| Total Time on site = hours paid: |

| DAY 3 |
|---|
| Report Time: |
| Meet End Time: |
| Total Time on site = hours paid: |

Reminder: Meet Referees need to mail the original copy of this sheet within 5 days of the meet. All Expense Vouchers should be sent to:
Laurie Lengel ~ 3987 Trails Way East, Doylestown, PA 18902