

## OMTA Syllabus Adjudicators Reimbursement Form

### For In Person Exams Only

|   |  |  |  |
|---|--|--|--|
| <b>Wages</b>  | \$55/hour with adjudicator confirmation – \$49/hour without adjudicator confirmation. Paid for minutes for each exam, conference, forfeit, and break. Exclude lunch.   |  |  |
| <b>Mileage</b>  | Paid at standard IRS business reimbursement rate – .67/mile for 2024.  |  |  |
| <b>Meals</b>  | \$35/day for adjudication day <i>only</i> when site is more than 60 miles from adjudicator's home.   |  |  |
| <b>Lodging</b>  | Will be paid, up to \$200 per night/per room when:<br>1. The adjudication site is more than 60 miles from adjudicator's home and includes a minimum of three hours of adjudication, <b>or</b> ;<br>2. The assignment includes two or more consecutive days of adjudication with a minimum of three hours per day of adjudication. <i>Attach a copy of the hotel bill – credit card receipts/statements are not accepted.</i> |  |  |
| Name: _____<br><br>Address: _____<br>_____<br><br>Phone: _____<br><br>Email: _____  |  | <b>Please submit one form per District assignment</b><br><br>– Attach a copy of each day's schedule –<br><br>Adjudication date(s): _____<br><br>Instrument: _____<br><br>District: _____ |  |
| I certify that these expenses meet the OMTA policies stated above and have been incurred in the performance of my duties as an adjudicator for the Syllabus Program.<br><br><div style="display: flex; justify-content: space-between;"> <span>Initials: _____</span> <span>Date: _____</span> </div> |  |  |  |

| Wage & Reimbursement Request |                                  |  |               |
|------------------------------|----------------------------------|--|---------------|
|                              | Enter your totals in this column |  | OMTA use only |
| Qualifying minutes           |                                  |  |               |
| Hourly rate                  |                                  |  |               |
| Total miles                  |                                  |  |               |
| Meals - list # of days       |                                  |  |               |
| Distance from home           |                                  |  |               |
| Lodging                      |                                  |  |               |
| TOTAL                        |                                  |  |               |

|  |
|--|
| <b>Submit your reimbursement in one of these ways:</b>   |
| 1. Email PDF form and PDF schedule to: <a href="mailto:bookkeeper.syllabus@oregonmta.org">bookkeeper.syllabus@oregonmta.org</a> -or- |
| 2. Mail form and schedule to: Syllabus Bookkeeper<br>Karen Huntsberger, NCTM 1130 NW Shadywood St McMinnville OR 97128               |

(Updated 01/26/2024)