

## OMTA Syllabus Adjudicators Reimbursement Form For In Person Exams Only

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|----------------|--|
| <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> |

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|--|--|
| Name: _____<br>Address: _____<br>_____<br>Phone: _____<br>Email: _____ | <p><b>Please submit one form per District assignment</b></p> <p>– Attach a copy of each day's schedule –</p> Adjudication date(s): _____<br>Instrument: _____<br>District: _____ |
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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.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Submit your reimbursement in one of these ways:**

1. Email PDF form and PDF schedule to: [bookkeeper.syllabus@oregonmta.org](mailto:bookkeeper.syllabus@oregonmta.org) -or-

2. Mail form and schedule to: Syllabus Bookkeeper  
 Karen Huntsberger, NCTM 1130 NW Shadywood St McMinnville OR 97128