

CALIFORNIA NORTH ODYSSEY OF THE MIND

Judges/Officials

Request for Expense Reimbursement 2020

Check will be made payable to the name below and mailed to the address given unless otherwise requested.
Receipts must be submitted with this form for reimbursement.

Note: This form must be submitted by May 1, 2020 to be eligible for reimbursement.

Name _____

Address _____

City/State/Zip _____

[] State Tournament/Problem Judged _____

	Descriptions/Notes	Amount
Lodging @ \$70/ 1 st night*		
Lodging @ \$50/ 2 nd night, if required		
Pre-approved tournament expenses		
Materials/supplies (Attach receipts)		
Other - Please List & Attach Receipts		
	TOTAL EXPENSES	

*If two judges share a room, they can each be reimbursed, but the total amount reimbursed will not be more than the room rate.

MAIL TO:

California North Odyssey of the Mind
c/o Susanne Hildebrand-Zanki
120 Ivy Dr
Orinda, CA 94563

Signature _____

Date _____