



# Adjudicator Expense Voucher

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security #

Please return this form to:  
 Adjudicator Expenses  
 Educational Programs Network  
 1784 W. Schuylkill Road  
 Douglassville, PA 19518  
 Fax: (610) 327-4786

***This form must be received by June 20.***  
 Expenses received after that time will not be paid.

Location	Date	Mileage	X .38/mile	Tolls	Transfers	Hotel	Total

*Meals are the responsibility of the individual and are not reimbursed.*

***This expense voucher should be returned upon the conclusion of your services.*** All payments in excess of \$600.00 will be recorded on your 1099 form. You will be expected to claim these expenses on your Federal Income Tax form. **Please keep all receipts for your records. Do not enclose receipts with this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date