

# Wisconsin Music Teachers Association Contractor Form

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Duties:

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## Contractor Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Terms of Payment

Set Amount: \$ \_\_\_\_\_

OR

Hours/units worked: \_\_\_\_\_ X Rate: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

## Expense Reimbursement (Judges only)

Mileage: \_\_\_\_\_ miles (400 max) X \$0.50 = \$ \_\_\_\_\_

Lodging (\$85 max, 1 night): \$ \_\_\_\_\_ (attach receipt)

Total (Mileage + Lodging): \$ \_\_\_\_\_

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Event Chair: \_\_\_\_\_ Date: \_\_\_\_\_