



REQUEST OF PAYMENT OF FUNDS

Connecticut Music Educators Association

367 Main Street / PO Box 174 / Cromwell, CT 06416-0174
Phone: 860-632-1847 / Fax: 860-632-1853 / www.cmea.org



Important: Payment for services will NOT be made unless form is completed and bills (or copies) are attached. Request must be itemized and fully explained; Board Rep., and/or CMEA President must sign. In order to be reimbursed, the completed request form must be received by June 15 of school year in which expense was incurred.

Make Check Payable to: _____ Inv. # _____

Mail to: _____
(Street) (City) (State) (Zip)

For services related to: (Check function in ONE box and itemize below. Use separate voucher for each function heading.)

REGION

North: HS MS Elem.
 East: HS MS Elem.
 South: HS MS Elem.
 West: HS MS Elem.
 Other: _____

S.A.C.

All-State Adjudication Festival
 All-State Festival
 Region Auditions
 Region Festival
 Elementary Honors Festival
 Other _____

EXECUTIVE BOARD

Executive Board
 Office
 News
 Convention: State
 NAFME
 Other _____

Travel Expenses:

Date	Purpose	From	To	Mileage

TOTAL: _____ @ \$0.30 = \$ _____

Phone..... \$ _____
 Postage \$ _____
 Meals: Student \$ _____
 Committee \$ _____
 Supplies \$ _____
 Other \$ _____
 Other \$ _____
 Other \$ _____

GRAND TOTAL \$ _____

RECOMMENDED BY: _____ Date _____
Authorized Executive Board Representative

APPROVED BY: _____ Date _____
CMEA President or designated official

PAYMENT MADE: DATE: _____ CHECK # _____