

MASSACHUSETTS MUSIC EDUCATORS ASSOCIATION, INC.

EXPENSE VOUCHER

Name:			Phone:		
Street:			Email:		
City:	State:	Zip:			
Date:	MMEA	Concert Committee	Conference Committee		
	Position	Conductor	Clinician		
	(circle one)	Accompanist	Officer/Executive Board		

TRANSPORTATION EXPENSES

Date	From	To	Mileage	Description and purpose	Amount
				Air, auto, train, taxi, parking, etc.	
Total Transportation					

ALL OTHER EXPENSES

Date	Breakfast	Lunch	Dinner	Hotel	Miscellaneous	Amount
					Description	
Total of Other Expenses						

Total Expenses Incurred

PLEASE ATTACH RECEIPTS FOR ALL EXPENSES	REIMBURSEMENT WILL BE MADE IN ACCORDANCE WITH THE REIMBURSEMENT GUIDELINES THAT WERE SENT TO YOU	Your Signature: _____ Approval Signature: _____
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FOR OFFICE USE ONLY Check # _____ Amount \$ _____ Date _____	BY _____
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