

VIRGINIA MUSIC EDUCATORS ASSOCIATION, INC.

HONORARIUM REQUEST FORM

Payment To Be Made Upon Receipt Of The Completed And On-Time Event Financial Report
(Reports are due within 6 weeks following the Event)

Note: You Do Not Pay Yourself. Payment Will Be Received From The VMEA Treasurer ONLY.

Payment To Be Made As Follows: Maximum allowable amount is not to exceed \$350 per event. If more than one person receives an honorarium the maximum amount of \$350 is divided among those involved.


Complete Accordingly

Event: _____

District _____ Date of Event: _____

This Form Completed By: _____
Print Your Name

Your Signature _____

 **Required** Signature of District Representative _____
Instrumental or Choral

Chairperson _____ at \$ _____.

Address _____

Social Security No. _____ - _____ - _____

Host (s) _____ at \$ _____.

Address _____

Social Security No. _____ - _____ - _____

Host (s) _____ at \$ _____.

Address _____

Social Security No. _____ - _____ - _____

- **Include this form with the completed Event Report and check payable to VMEA within 6 weeks following the Event.**
- **Payment will be sent by the VMEA Treasurer.**

