

Virginia Music Educators Association, Inc.

Reimbursement Form
Revised June 2017

Check One:

VMEA VCDA VAMHE Conference NOTES
 VBODA VEMEA VAMEA Gov. Relations

Request for Reimbursement or Payment for Goods and Services

Date: _____ Requested by: (Signature) _____
 Pay to: (please print) Name _____
 Address _____
 City, State, Zip _____
 Your VMEA Position _____
 SS # _____
 (for Salaries or honoraria for guest conductors, adjudicators, etc.)

Travel Expenses

Starting from: _____ to destination _____
 Event _____
 Mileage _____ Round Trip(miles) x \$.534 cents = _____
 Tolls, etc. _____
 Meals (attach receipts) not to exceed \$50.00 per day (suggested limits at \$8. for breakfast, \$12 for lunch and \$30 for dinner) _____
 Lodging (attach receipts) _____
 Other (attach receipts or specify) _____
 Other (attach receipts or specify) _____
 Total for Travel Expenses.... _____

Goods and Services

Description of Item	Unit Cost	Total Cost

Total Goods and Services..... _____

Total Travel Expenses..... _____

TOTAL DUE..... _____

President's Approval _____ Date _____ Check # _____ Account(s) _____

*Reimbursement Forms are to be submitted within **two weeks** after an event. If not received within that time line, payment will not be made.*