

# Virginia Music Educators Association, Inc.

## Reimbursement Form (Revised 9/5/17)

**Division** (circle below)

VMEA    VEMEA    VCDA    VBODA    VAMEA    CVMEA    VAMHE    CONF    NOTES    GOV

**Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Site:** \_\_\_\_\_

Check to be paid to: \_\_\_\_\_

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

City/State Zip: \_\_\_\_\_

SS #: \_\_\_\_\_

(required for honorarium)

Signature: \_\_\_\_\_

Expenses	Amount
Honorarium <small>(service provided _____)</small>	_____
Travel: _____ miles x .58 (or airfare)	_____
*Lodging:	_____
*Meals (\$70.00 per day <b>maximum</b> / \$15 breakfast / \$20 lunch / \$35 dinner)	_____
*Other Expenses <small>(please list _____)</small>	_____
<b>TOTAL REIMBURSEMENT</b>	_____

\*receipts are required for lodging, meals and other expenses

### Office Use

Date Paid \_\_\_\_\_ Check \_\_\_\_\_ Amount \_\_\_\_\_