

**MN Music Teachers Association
EXPENSE VOUCHER 2008-2009**



*Please list only those expenses that are to be reimbursed to you personally.
All other expenses should be submitted with a separate invoice.*

No payments made if original receipts/telephone bills are not attached, or if Board Liaison signature is not present.

Date	Function/Purpose	Mileage	Supplies	Postage	Printing	Meals	Other

Total Mileage, Telephone, Meals	<input type="text"/>			<input type="text"/>	
	Mileage x \$.585			# of Judges: _____	
Column Totals	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Sub Total \$ _____
Amount Donated \$ _____
Voucher Total \$ _____

Submitted by _____ Program _____
 Address _____ Title _____
 City, State, Zip _____ Board Liaison Approval (req'd.) _____
 Category _____

Send Expense Voucher and original receipts monthly or quarterly to your Board Liaison. (Board Liaison signature required for payment.)