

# California Music Educators Association Bay Section Check Request Form

Name: \_\_\_\_\_

Board Position: \_\_\_\_\_

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

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Travel Expenses**

Date	Description	miles x rate	Tolls/Parking	Total
mileage rate = \$.51 as of 1/1/11			Subtotal	\$ 0.00

**Miscellaneous**

Date	Description	Purpose	Total	
			Subtotal	\$ 0.00

**All receipts must be attached.**

<b>Total</b>	<b>\$ 0.00</b>
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Requested by: \_\_\_\_\_

Date \_\_\_\_\_

Approved by: \_\_\_\_\_

Date \_\_\_\_\_

**Treasurer Only** Check amt, Date & #:

rev: 7/08

file: cmeackreq.xls