

# California Music Educators Association Bay Section Check Request Form

*Complete areas marked with red asterisks only*

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

Board Position if any: Adjudication Apprentice

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

\* \_\_\_\_\_

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

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

**Travel Expenses (mileage)\***

Date	Description	miles x .485	Tolls/Parking	Total
*	<i>Adjudication Apprentice</i>	*	*	*
Subtotal				*\$ .

**Miscellaneous**

Date	Description	Purpose	Total
Subtotal			\$ .

**All receipts must be attached.**

<b>Total</b>	<b>*\$ .</b>
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Requested by: (Apprentice's Name) \* \_\_\_\_\_ Date \* \_\_\_\_\_

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

<b>Treasurer Only</b> Check amt, Date & #:
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rev: 9/05

file: cmeackreq.xls

**Mail to: CMEA Bay Section P.O. Box 3118 Saratoga, CA 95070 [cmeabaysection.org](http://cmeabaysection.org)**