

# California Music Educators Association Bay Section Check Request Form

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

Board Position if any: \_\_\_\_\_

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

\_\_\_\_\_

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

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

### Travel Expenses

Date	Description	miles x rate	Tolls/Parking	Total
Subtotal				

mileage rate = \$. 505 as of 1/1/08, \$.485 for 2007

### Miscellaneous

Date	Description	Purpose	Total
Subtotal			\$ -

**All receipts must be attached.**

<b>Total</b>	\$ -
--------------	------

Requested by: \_\_\_\_\_ Date \_\_\_\_\_

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

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

rev: 12/05

file: cmeackreq.xls