



South Carolina Music Educators Association Orchestra Division 2023-2024

Expense and Travel Reimbursement Form

(Incomplete Forms will be Returned, Delaying Payment)

Name of Requestor: _____ Total Amount Requested: \$ _____.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose for Reimbursement: _____ Date of Event: _____

Region (Please Circle): I II III IV V Event Location: _____

		Amount Requested
Mileage _____ miles @ .50 per mile	Minimum 40 Miles round trip / Maximum of 200 miles round trip To: _____ From: _____	
Hospitality	Details of Purchase: Receipts Must be Attached & within Allocated Event Budget	
Miscellaneous	Details of Purchase: Receipts Must be Attached & Approved Prior to Purchase	

Signature of Requestor: _____ Date: _____

Signature of Event Host: _____ Date: _____

Signature of Event Chair: _____ Date: _____

Form Must be Submitted to Event Chair within 30 Days with Receipts
 Upon Approval, Event Chair will submit completed form to Executive Director for Reimbursement:
 Susan Wines, Executive Director
 SCMEA Orchestra Division
 2012 Gap Creek Rd. | Greer, SC 29651
 susan.wines@scmea.net