



Texas Music Educators Association - Region VIII

Deborah Barrick, Secretary-Treasurer

Ellison High School

909 E Elms Rd

Killeen, TX 76542-2637

Cell: (254) 368-1106

deborah.barrick@killeenisd.org

MISCELLANEOUS EXPENSE FORM

Please Print Information

EVENT: _____ DIVISION: _____

SITE: _____ DATE: _____

Check to be paid to: _____

Address: _____

City/State/Zip: _____

Itemize Expenses:

_____	_____
_____	_____
_____	_____
_____	_____

Total Reimbursement: _____

Signature of Member

Date

Signature of Division Chair or Audition Chair

Date

Office Use

Date Paid: _____ Check # _____ Amount: _____



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REGION CLINICIAN/JUDGE EXPENSE FORM

Please Print Information

EVENT: _____ DIVISION: _____

SITE: _____ DATE: _____

Check to be paid to: _____

Address: _____

City/State/Zip: _____

Itemize Expenses

Honorarium: _____

Travel: _____ miles X .____ (or airfare) _____

Lodging: _____

Meals: _____

Other: _____

Total Reimbursement: _____

Signature of Clinician/Judge

Date

Signature of Division Chair or Audition Chair

Date

Office Use

Date Paid: _____ Check # _____ Amount: _____



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DEPOSIT FORM

Event: _____ Division: _____

Site: _____ Date: _____

From	Check # / Purpose	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Total amount to be deposited:

Filled out by: _____ Date sent: _____

Signature of Division Chair: _____

For Treasurer's Use

Date Received: _____ Date Deposited: _____ Amount Deposited: _____