



Idaho Music Educators Association

Administrative Expenses



(IMEA Board Members, State Solo, All-State Honor Groups, Session Chairs., etc.)

NAME: _____ S.S. # _____ - _____ - _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

Purpose of Expenses: IMEA Board Meeting All-State Conference All-State Honor Groups
 NAFME National Assembly State Solo Other _____

EXPENSES - OTHER THAN TRAVEL					
	For the period		Description	Amount	
	From	To		\$	
Postage				\$	
Printing/Copying				\$	
Office Supplies				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
Total Expenses					

Signature: _____

Date: _____

FOR OFFICE USE ONLY	
Account:	Amount:
Account:	Amount:
Account:	Amount:
Account:	Amount:
Date Paid:	

**PLEASE SUBMIT EXPENSES
WITHIN **30** DAYS AND
ATTACH RECEIPTS OR COPIES
OF ALL BILLS.**

Submit to: Karen A. Goodrich
IMEA Business Manager
1412 Clearwater Way
Twin Falls, ID