Idaho Music Educators Association

Administrative Expense Form

NAME: _____ Phone: _____

ADDRESS: _____ Email: _____

CITY: _____ STATE: _____ ZIP: _____

Purpose of Expenses: IMEA Board Meeting ☐ All-State Conference ☐ All-State Honor Groups ☐

NAfME National Assembly ☐ State Solo ☐ Other ☐ _____

Please reimburse me by check ☐ Please reimburse me by ACH transfer ☐

ADMINISTRATIVE EXPENSES

	For the period		Description	Amount
	From	To		
Postage				$
Printing/Copying				$
Office Supplies				$
Conference Registration				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			Total Expenses:	

Signature: _____ Date: _____

Please attach copies of all receipts

FOR OFFICE USE ONLY	
Account/Category:	$
Account/Category:	$
Account/Category:	$
Account/Category:	$

SUBMIT WITHIN 30 DAYS TO:
Wayne Millett, IMEA Executive Director,
1677 S 2750 W. Aberdeen, ID 83210
executive.director@idahomusiced.org