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

☐ MENC National Assembly ☐ State Solo ☐ Other _____

EXPENSES - OTHER THAN TRAVEL

	For the period		Description	Amount	
	From	To			
Postage				$	
Printing/Copying				$	
Office Supplies				$	
Telephone				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	

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
494 South 138 West
Jerome, ID 83338