

**MARYLAND STATE MUSIC TEACHERS ASSOCIATION
REIMBURSEMENT CLAIM FORM – FY _____**

Mail this form with all receipts to Claudette Horwitz: 5004 Barkwood Place, Rockville, MD 20853

Please include your complete mailing address and email address

ACTIVITY: _____ **EVENT DATE:** _____

LOCAL ASSOCIATION IF APPLICABLE: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

EXPENSES:

FACILITY RENTAL: \$ _____

(if you paid it)

HOSPITALITY: \$ _____

OFFICE SUPPLIES: \$ _____

POSTAGE: \$ _____

PRINTING (misc.) \$ _____

(do not include Ansco Printing)

TUNING: \$ _____

List other expenses on the lines below:

_____ : \$ _____

_____ : \$ _____

_____ : \$ _____

_____ : \$ _____

TOTAL REIMBURSEMENT: \$ _____

Date submitted: _____

Signature of Chair: _____