



# South Carolina Music Educators Association Orchestra Division 2024-2025

## Expense and Travel Reimbursement Form (Incomplete Forms will be Returned, Delaying Payment)

Name of Requestor: \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_.

Payment Option:  Direct Deposit  Zelle (Linked Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)  Check by Mail

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose for Reimbursement: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Region (Please Circle): I II III IV V Event Location: \_\_\_\_\_

		Amount Requested
Mileage  _____ miles @ .50 per mile	Minimum 40 Miles round trip / Maximum of 200 miles round trip  To: _____ From: _____	
Hospitality	Details of Purchase:   Receipts Must be Attached & within the Allocated Event Budget	
Miscellaneous (e.g. Paper, Pencils)	Details of Purchase:   Receipts Must be Attached & Approved Before Purchase	

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Event Host: \_\_\_\_\_ Date: \_\_\_\_\_

**Form Must be Submitted to Executive Director within 30 Days with Receipts**

Susan Wines, Executive Director  
 SCMEA Orchestra Division  
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