

Payment - Request Form

Pennsylvania Music Educators Association **District** ____3____ ☐ Request for Payment of Invoices Please issue a check for the following purchases (attach invoice) □ Request for Reimbursement of Expenses Please reimburse the following personal expenses (attach receipts - on back)

Date of Request		Requested by	
Invoice Date	Invoice #	Total Amount Due	
			Expense Categories
Items purchased, Services Rendered, Mileage (.56 a mile current IRS)			Stationary
			Postage
			Printing
			Office Supplies
			Telephone
			District Meetings
			Other Meetings
			President Expense
			V.P. Expense
Special Notes (what type	Secretary Expense		
			Host Expense
			Honorarium
			Librarians
Make Check Payable to	Dues		
·			Scholarships
			Bond
Company/ Dept./Individual			Royalty
			Medals
			Plaques
Mailing Address			Honors Band
. g			Honors Choir
			Honors Orchestra
			C/I workshops
City/State/Zip			Renewals
γ			Miscellaneous
			Other
Approved by (PMEA Dist	rict Officer)		
			Mail to:
			Tom Koharchik
			D3 Treasurer
			Freeport Area Senior High
			Freeport Area Sellior High

2nd sheet of NCR is District's copy

625 South Pike Road **Sarver, PA 16055**