

SOUTH CAROLINA BAND DIRECTORS ASSOCIATION
EXPENSE VOUCHER FOR SCBDA MEMBERS / WORKERS / SERVICES
(Revised 2014)

The expenses itemized below were incurred while working for
the South Carolina Band Directors Association at the specified event and date.

Event _____ Date of Event _____

Automobile Travel: From _____ To _____

Did you drive a carpool to this event (Y/N)? _____ If yes, please list those who rode with you:

• Number of **Round Trip** Miles _____ x .37 per mile = \$ _____

• Number of Meals _____ x \$5.00 per meal limit = \$ _____

(ATTACH RECEIPTS)

***(SCBDA does not reimburse the cost of alcoholic beverages.
Please deduct those before submitting expenses.)***

• Other Expenses **(PLEASE LIST AND ATTACH RECEIPTS):**

_____ \$ _____

_____ \$ _____

_____ \$ _____

(USE BACK IF NECESSARY.)

TOTAL \$ _____

Event / Site Chair Approval: _____
Signature Date

Check should be made payable to: _____

Address: _____

City _____ State _____ Zip _____

E-Mail Address _____

MAIL, E-MAIL, OR FAX THIS FORM TO: BILL ACKERMAN, 808 VILLAGE LANE, COLUMBIA, SC 29212, FAX 1-866-513-5983, billackerman44@att.net.

-----For Treasurer's Use Only-----

Bill Paid: _____
Date Check Number Account