



# CMEA Bay Section Check Request Form

Name: \_\_\_\_\_ Board Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Festival: \_\_\_\_\_ Area: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Travel Expenses

Date	Description	Miles	Tolls/Parking	Total
Mileage rate = \$.54 as of 1/1/16				Subtotal:

### Miscellaneous

Date	Description	Purpose	Total
Subtotal (from above):			

**All receipts must be attached.**

**Total:** \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Check Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Check Number: \_\_\_\_\_