



CMEA Bay Section Check Request Form

Name: _____

Address: _____

Phone: _____

Email: _____

Position: *Adjudication Apprentice* _____

Festival: _____ Region: _____

Date: _____

Travel Expenses

Date	Description	Miles x Rate*	Tolls/Parking	Total
	<i>Adjudication Apprentice</i>			

*Mileage rate = \$.53.5 as of 1/1/17 (A maximum of \$150.00 is permitted)

Total:	
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All receipts must be attached.

Requested by: _____ Date: _____

Approved by: _____ Date: _____

MAIL TO: CMEA Bay Section • PO Box 5297 • Pleasanton CA 94566 • treasurer@cmeabaysection.org

For Office Use Only: Check Amount: _____ Date: _____ Check Number: _____
