



CMEA Bay Section Check Request Form

Name: _____ Board Position: _____
 Address: _____
 Festival: _____ Area: _____
 Phone: _____
 Email: _____

Travel Expenses

Date	Description	Miles	Tolls/Parking	Total
Mileage rate = \$.58 as of 1/1/19				Subtotal:

Miscellaneous

Date	Description	Purpose	Total
Subtotal (from above):			

All receipts must be attached.

Total:	
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Requested by: _____ Date: _____
 Approved by: _____ Date: _____

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