

**Michigan School Band and Orchestra Association
District II
Adjudicator/Clinician Expense Voucher**

_____ *Activity* _____ *Date*

HOST CHAIRPERSON: Mail all expense vouchers with receipts attached to *Tom Clair, Treasurer, District II MSBOA 11829 Summit City Rd. Kingsley, MI 49649* on the Monday following the activity.

ITEM	COST
Regular Stipend	\$175.00
Meal Allowance	\$ 20.00
TOTAL:	\$195.00
Friday Night (B&O Overtime)	\$ 75.00

Lodging Expense (Receipts are Appreciated):

Mileage Expense: _____ Miles @ \$.40/mile \$

OTHER: (Receipts are Appreciated) \$

_____ \$

MAKE CHECK PAYABLE TO: (Please Print) _____

MAIL TO: (Please Print)

Name

Street Address

City *State* *Zip Code*

Signature

For Office Use Only

Check Number _____ Date _____