

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

\_\_\_\_\_ *Activity* \_\_\_\_\_ *Date*

Mail all expense vouchers with receipts attached to:  
*Tom Clair, Treasurer, District II MSBOA 11829 Summit City Rd Kingsley, MI 49649*  
Mileage paid at \$.31/mile

ITEM <i>(Receipts are Appreciated)</i>	COST
<b>Regular Stipend</b>	<b>\$175.00</b>
<b>Meal Allowance</b>	<b>\$ 20.00</b>
<b>TOTAL:</b>	<b>\$195.00</b>
<b>B&amp;O Overtime</b>	<b>\$ 75.00</b>

**Lodging Expense *(Receipts are Appreciated)*:**

**Mileage Expense:** \_\_\_\_\_ Miles @ \$.31/mile      \$ \_\_\_\_\_

**OTHER: *(Receipts are Appreciated)***      \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL:**

**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 \_\_\_\_\_