

**WEST TENNESSEE SCHOOL BAND  
AND  
ORCHESTRA ASSOCIATION  
EXPENSE VOUCHER**

DATE \_\_\_\_\_ EVENT \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

Social Security Number: \_\_\_\_\_

HONORARIUM \$ \_\_\_\_\_

EXPENSES

TRANSPORTATION:

AUTOMOBILE \_\_\_\_\_ MILES @ \_\_\_\_\_ PER MILE = \$ \_\_\_\_\_

COMMERCIAL TRANSPORTATION \$ \_\_\_\_\_

PER DIEM

Breakfast - \$10

Lunch - \$10

Dinner - \$15



CHECK MEALS FOR WHICH YOU PAID \$ \_\_\_\_\_

LODGING: \_\_\_\_\_ NIGHTS @ \$ \_\_\_\_\_ PER NIGHT \$ \_\_\_\_\_

MISCELLANEOUS EXPENSES (LIST)

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

**TOTAL EXPENSES:** \$ \_\_\_\_\_

CHECK NO. \_\_\_\_\_ DATE \_\_\_\_\_

\* Meals are for Concert Festival judges and All-West clinicians only