



Handbell Musicians O F A M E R I C A

Area 4

Florida, Georgia, South Carolina, Puerto Rico, the Bahamas and Virgin Islands

Check Request

Date: _____

Payable to: _____ Mail to: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____ Email: _____

Total Amount: \$ _____.

Account to be charged:

Date of Event: _____

Event: _____ Held in: _____

- Board Expense Area State Membership Website
- Communications Archives Education Other: _____

Reason for Expense: Meals: \$ _____ Lodging: \$ _____

Transportation: # Miles _____ @ _____ per mile \$ _____ Mileage

\$ _____ Gas \$ _____ Tolls \$ _____ Parking

\$ _____ Air Fare \$ _____ Car Rental

Registration Fee: \$ _____ Office Supplies: \$ _____

Janitorial Fee \$ _____ Misc. \$ _____ / _____

Requested by: _____ Position: _____ Date: _____

Approved by: _____ Position: _____ Date: _____

Check Number: _____ Date: _____ By : _____

*For reimbursement: Receipt(s) **must** be attached.*



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For an event, complete and attach an Event Financial Report if the event has occurred.

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