

Connecticut State Music Teachers Association, Inc www.csmta.org Income and Expense Form

***Please submit audition/event expenses within 2 weeks after the event. All requests for pre-payments (for judges, etc) must be received a minimum of 2 weeks prior to the event. All expenses must be submitted before the end of the current Fiscal Year (June 30).*

TODAY'S DATE: _____

INCOME FOR:

- _____ Membership Dues
- _____ Donation (specify program: _____)
- _____ Audition/Competition Fees: MAP (chapter: _____)
- _____ Audition/Competition Fees: Concerto Competition
- _____ Audition/Competition Fees: YAPC
- _____ MTNA refund for competitions
- _____ MTNA refund for commissioned composer
- _____ MAP Materials
- _____ State Conference
- _____ Directory Income/Advertising
- _____ Other (explain: _____)

Itemize income below:

Names/Source of Income	Category	Amount

(if necessary, attach additional list)

(see categories above; please specify WHICH competition/audition)

TOTAL AMOUNT ENCLOSED \$ _____

EXPENSE FOR:

- _____ Audition/Competition:
 - _____ MAP: _____ Judges ___venue rental ___ overhead
 - _____ YAPC: _____ Judges ___venue rental ___ overhead
 - _____ MTNA Competitions:
 - _____ Judges ___venue rental ___ overhead
 - _____ Concerto Competition
 - _____ Judges ___venue rental ___ overhead
 - _____ Other Competition (List: _____)
- _____ Commissioned Composer (____ Performer ____ Composer)
- _____ State Conference (please check appropriate category)
 - _____ Artist/Clinician Fee
 - _____ Lodging _____ Meals
 - _____ Round Trip Mileage _____ Travel
 - _____ Venue Use/Rent _____ Piano Tuning
 - _____ Catering
 - _____ Overhead (paper, ink, printing, copies, postage, etc)
 - _____ Other Expense
- _____ Division or National Conference Expense
- _____ ADMINISTRATIVE: Printing and Copying
- _____ ADMINISTRATIVE: Directory
- _____ ADMINISTRATIVE: Website
- _____ ADMINISTRATIVE: Legal and Professional Fees
- _____ ADMINISTRATIVE: supplies
- _____ ADMINISTRATIVE: Telephone, utilities
- _____ Other administrative (List: _____)
- _____ Mileage Reimbursement (List round-trip miles: _____ and attach explanation of the event)
- _____ Other expense (explain: _____)

Names/Source of Expense	Category	Amount

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Your Name _____ Title _____

Address _____

City/State/Zip _____

Phone _____

EMAIL _____

If any portion of the above expenses should be paid to another party, please indicate the amount and to whom and where the check should be mailed (including address). Attach additional sheets if necessary.

Amount \$ _____ Pay to: _____

Name _____

Address _____

City/State/Zip _____

Amount \$ _____ Pay to: _____

Name _____

Address _____

City/State/Zip _____

**Send this completed form to:
JOHN MILLER, CSMTA Treasurer
435 College Street
Leigh Hall
New Haven CT 06511
John.Miller@yale.edu**

IMPORTANT: Receipts (or copies of them) must be attached to this form.
Tax will not be reimbursed. Please use the tax exempt forms to purchase items for CSMTA.
If you do not have receipts, please briefly explain.

Office Use Only: Date Received _____ Date Paid _____ Check# (or online) _____