

Connecticut State Music Teachers Association, Inc www.csmta.org

Income/Expense Form

***please submit audition/event expenses within two weeks after the event*

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. To be paid to someone else:

Amount \$ _____

Name _____

Address _____

City/State/Zip _____

Amount \$ _____

Name _____

Address _____

City/State/Zip _____

Send this completed form to:
Felicia Zhang
CSMTA Treasurer
66 Glen Ln
Southbury CT 06488
(203) 267-4866

IMPORTANT: Receipts (or copies of them) must be attached to the back of this form.
If you do not have receipts, please briefly explain.

Office Use Only: Date Received _____ Date Paid _____