

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

****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).**

Your Name _____ Title _____

Address _____

City/State/Zip _____

Phone _____

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 \$ _____ PAY TO:

Amount \$ _____ PAY TO:

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

**Send this completed form to:
Benjamin Steinhardt
401 Commons Park S, Unit 481
Stamford, CT 06902**

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 billpay) _____ rev. 6/2021

