

**Louisiana Music Educators Association
District IX Solo and Small Ensemble Festival**

EXPENSE VOUCHER

Check Number

RETURN TO:

Mandeville High School
1 Skipper Drive
Mandeville, LA 70471
Attn: Paul Frechou

Date
Make check payable to:

NAME _____ SS# _____

ADDRESS _____

CITY/STATE _____ ZIP _____

SERVICE RENDERED: Adjudicated Solo and Small Ensemble Festival

FEE _____ (\$125.00 for 8 hours) \$ _____

TRAVEL EXPENSE:

_____ Miles @ 30 cents per mile \$ _____

\$ N/A Bus or Air (tourist) Fare \$ N/A

LODGING:

N/A nights at \$ N/A per night \$ N/A

MEALS AND INCIDENTAL EXPENSES:

_____ meals (\$8.00 lunch) \$ _____

Incidental expenses (taxi, phone, etc.). Please list and attach receipts.

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

SIGNATURE