

# TMEA AREA CHAIR'S AUDITION EXPENSE FORM

This form should be completed and sent to the state president, the state vocal division chair, and the region vocal division chairs who hold office within the said area.

Area Chair \_\_\_\_\_ Area \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Area Audition Site \_\_\_\_\_

**1. Monies Received from Each Region**

Region	Amount
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

Total _____
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**2. Specific Expense Items**

Telephone/Fax \_\_\_\_\_  
 Postage \_\_\_\_\_  
 Clerical Help \_\_\_\_\_  
 Office Supplies \_\_\_\_\_  
 Recording Items \_\_\_\_\_  
 Travel  
     From \_\_\_\_\_  
     To \_\_\_\_\_  
 Total Miles \_\_\_\_\_ miles @ \_\_\_\_\_ cents = \_\_\_\_\_  
 Lodging \_\_\_\_\_

Total _____
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**3. Expenses for Student Help (lodging, meals, actual transportation cost)**

The number of students shall not exceed 16.  
 Please list student's names on the back of this form.

Total _____
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**4. Other Expenses**

_____	_____
_____	_____
_____	_____

Total _____
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Area Chair Expense Form (continued)

5. If the total of box 1 exceeds the sum total of boxes 2, 3, and 4, state the difference ..... \_\_\_\_\_
6. If the total of boxes 2, 3, and 4 exceeds the sum total of box 1, state the difference..... \_\_\_\_\_
7. If number 5 (above) is applicable, state the prorated amount that you shall reimburse each region ..... \_\_\_\_\_
8. If number 6 (above) is applicable, state the prorated amount that each region shall reimburse you..... \_\_\_\_\_

Signature \_\_\_\_\_