Mississippi Art Education Association Check Request and Expense Report

| Pay to (include mailing address:) | o (include mailing address:) NAEA/MAEA Membership # | | |
|-----------------------------------|---|--|--|
| | Amount Requested | | |
| | Date Requested | | |
| | Date Required | | |

All receipts for reimbursement and all mileage reimbursements must be submitted for payment to the Treasurer in a timely manner, **not to exceed 3 months.** *All receipts for the previous fiscal year must be submitted before January 15 of the new fiscal year for reimbursement.* Receipts or credit card acknowledgements of expenditures are required.

| Purpose: | Conference Chair Advance (Complete Section A) | Operation Expense Reimbursement (Complete Section C and attach receipt or original invoice) | | |
|----------|---|---|--|--|
| | Travel/Meeting (Complete Section B) | Direct Payment (Complete Section C and attach Original Invoice) | | |

| Section A - Advance - Advances to payee must be reimbursed by itemized expense report or repayment | | | | | |
|--|------------------------|---------------|---------------------------------------|--|--|
| Advance Amount | Advance Outstanding | Total Advance | Signature of Person Receiving Advance | | |
| | | | | | |

| Section B - Expense Reimbursement (Attach Receipts and Supporting Documents) | | | | | | Expense Claimed |
|--|---|-------------|----------------|----------|----------|--------------------|
| | | | | | | |
| Date | From | То | # miles | Rate | Amount | |
| | | | | | | \$ |
| | *Flat rate, round trip: Use State Rate Mile | per | | | | |
| | Transportation | n (non-auto |) - Board Appr | oved Tra | vel Only | |
| Date | From | | То | | Amount | |
| | | | | | | |
| | | | | | | |

| Hotel (Attach Receipted Bills) - Board Approved Travel Only | | | | | | | |
|--|--------|--------|---------|------|----------|--------|----------|
| Meals or Per Diem - (Attach Receipts) - Board approved Travel Only | | | | | | | |
| | Sunday | Monday | Tuesday | Wed. | Thursday | Friday | Saturday |
| Breakfas | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |

| Section C - Operational Expense (Attach Receipts or Invoice) | | | | | |
|--|---|--------|--|--|--|
| Date | Description | Amount | | | |
| | MAEA Fall conference supply reimbursement | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | Total to Be Reimbursed \$ | |
|--------------------------------------|---------------------------------|--|
| | Less Exp. Adv. (Section A) - \$ | |
| | Amount Due \$ | |
| (Please sign in the box above) Date: | For Treasurer's use Only | |
| Form revised 05/6/2015 | Check # Category# | |