

# Olympia Chapter – Washington State Music Teachers Association

## Event Budget Worksheet

For office use only

Check # \_\_\_\_\_

Date \_\_\_\_\_

### Instructions:

1. This form is to be completed by the event chair.
2. Mail Expense Report and Reimbursement Request within 5 days of event to:

Joseph Murrow  
Treasurer, OMTA  
508 Union Ave SE  
Olympia, WA 98501

Event Description (workshop, student recital, festival, competition, etc. Include date and venue):

### INCOME

### AMOUNT

Grants, donations (describe \_\_\_\_\_) \_\_\_\_\_

Registration/ticket fees \_\_\_\_\_ # of units x \_\_\_\_\_ rate = \_\_\_\_\_

Other income (describe \_\_\_\_\_) \_\_\_\_\_

IN-KIND DONATIONS (list value of any expenses donated to project):

### TOTAL INCOME

### EXPENSES

Supplies \_\_\_\_\_

Postage/Shipping \_\_\_\_\_

Printing and Reproduction \_\_\_\_\_

Travel

Auto miles x rate \_\_\_\_\_ x .45 = \_\_\_\_\_

Airfare (Carrier \_\_\_\_\_) \_\_\_\_\_

Room \_\_\_\_\_

Person(s), Date(s), Place(s) of travel: \_\_\_\_\_

Professional fee (attach W-9 Form) \_\_\_\_\_

Other (describe \_\_\_\_\_) \_\_\_\_\_

### TOTAL EXPENSES

\_\_\_\_\_  
Total expenses      Reimbursable amount

Signature of person submitting budget & date: \_\_\_\_\_

*Please remind all members of your committee to include a reimbursement form with receipts.*