

**MARYLAND STATE MUSIC TEACHERS ASSOCIATION
STUDENT ACTIVITY FINANCIAL REPORT – FY _____**

ACTIVITY: _____ DATE: _____

LOCAL ASSOCIATION IF APPLICABLE: _____

CHAIR: _____ PHONE: _____

ADDRESS: _____

INCOME: Entry Fee: _____ X # of Entries: _____ = \$ _____

(All entry fees were deposited to Capital One Bank and deposit slip sent to CLH.)

**EXPENSES: Include all expenses including facility rental fees if known.
Identify any items billed directly to MSMTA.**

ANSCO PRINTING: \$ _____

ACCOMPANIST FEES: \$ _____

FACILITY SERVICES: \$ _____

(janitor, staff assistants, etc.)

HOSPITALITY: \$ _____

JUDGES' FEES: \$ _____

(# of Judging hours _____ @ \$ _____ per hour)

TOTAL JUDGING FEES: \$ _____

PIANO TUNING: \$ _____

POSTAGE: \$ _____

PRINTING (misc.) \$ _____

(do not include Ansco Printing)

PRIZES, AWARDS: \$ _____

RENTAL FEES: \$ _____

SUPPLIES: \$ _____

TELEPHONE TOLLS: \$ _____

TOTAL EXPENSES: \$ _____

Signature of Chair: _____

Send original with all receipts to: Claudette Horwitz, 5004 Barkwood Place, Rockville, MD 20853

Include completed form for Chair's reimbursement.