

**Sioux Falls Area Music Teachers Association
Expense Report**

Name _____

Street Address or Rural Route _____

City _____ State _____ Zip Code _____

Telephone Number _____

Please itemize expenses related to SFAMTA and attach all receipts. Submit this form to the treasurer within one month of expenditure. This form is also available on the Sioux Falls Area Music Teachers page on sdmta.org.

Your Office or Position / Purpose of Expense _____

Submit to Treasurer: Christina Humpal
4301 W. 57th St. Suite 102
Sioux Falls, SD 57108

Telephone _____

Postage _____

Supplies _____

Printing _____

Miscellaneous _____

TOTAL _____

Date Submitted _____

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Do Not Write Below - for Validation by Treasurer
.....

Date Paid _____

Check Number _____