

Check Request



Amount: _____

Pay to: _____

Address: _____

For: _____

Date: _____

Requested by: _____

Round Trip Mileage: _____

Activity: (Please check one)

- All-State Chorus
- Choral Arts Seminar
- Middle School Clinics
- Region Choir
- Solo & Ensemble Festival
- HS Choral Performance Assessment
- MS Choral Performance Assessment
- Professional Development Conference
- Planning Session

Mileage Rate: \$0.485 per mile

Meals: SCMEA will pay up to the following amounts:

- Breakfast: \$7.00
- Lunch: \$10.00
- Supper: \$18.00

Please attach any applicable invoices or receipts.
Mail to the Choral Division Treasurer.

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