

**Financial Agreement
SCMEA Choral Division**



Clinician Name: _____
Address: _____

Honorarium Amount: _____

SCMEA Chairperson: _____
Address: _____

Meals will be reimbursed* as follows:

\$7.00 for breakfast

\$10.00 for lunch

\$18.00 for dinner

***The purchase of alcohol will not be reimbursed.**

*Meals/travel will not be provided for this event.

Mileage will be reimbursed at .485 a mile.

Plane/Train travel expenses** will be reimbursed when receipts are received.

Clinician will be expected to do the following:

Clinician Signature

Date

Chairperson Signature

Date

*Receipts for meals must include an itemized receipt, not just a credit card transaction for the total amount. These will be submitted to the chairperson.

** Receipts for plane/train fare must be submitted to the chairperson for reimbursement.