FOX VALLEY	MUSIC TEACHERS A	<u>ASSOCIATION INCOME/EXP</u>	<u>'ENSE FORM</u>	
Income for:	Keys for a Cause Monster Concert Young Artist Festiv Donation Other (explain)	<i>y</i> al	Speaker Grant/Scholarship Other (explain)	
Itemize Inco	me Below:	Itemize Expense E	Below:	
Names	Amount	Description	Amount	
Names	Amount	Facility use	Amount	<u>, </u>
		Judging: (Actively ju	ndging)	
		(Round trip miles)	ugnigj	Important:
		(Meals)		Receipts must be attached to the
		(Lodging)		back of this form. If
		Tuning		you do not have them briefly
		Other		explain.
		Printing		
		Phone/Fax		
		Postage		
		Meals		
		Miscellaneous		
		Miscenaricous		
		Total		
Total enclose	-d	Total		
	unt verified by two j	 neonle:		
1)	2)	scopic.		
-)		Indicate amount and to whom o	check for above expense should	be sent to:
		Your Name	Amount	\$
		Address		
		City/State/Zip		
Phone		Phone		
		Email		
		indicate the amount	above expense should be paid to to whom and where check shou Attach additional sheets as nece	ld be mailed
		Name	Amount	\$
		Address		
		City/State/Zip		
Please mail	form to:			
			Amount	\$
		Address		
- ·		City/State/Zip		
Appleton, W	I 54912			
Created Feb 2010	6	Person submitting this	form	