

EXPLANATION OF VOUCHERS AND FORMS

Adjudicator's Contract Send two copies to adjudicator and request that one signed copy be returned to you to keep in your files.

Current SCMTA approved rates:

District: \$175 (full day)	State and MTNA: \$225 (full day)
\$100 (half day)	\$125 (half day)
\$30/hour over 6 hours	\$30/hour over 6 hours

Adjudicator Fees Mail this request well in advance of your competition date so that checks can be mailed to your home. Adjudicators will be paid a flat rate. All lunches will be included in your expense reimbursement request.

For MTNA Competitions, competition chair may specify "Bring to conference" in the space indicated.

If for some reason, you must replace a judge after having requested checks, destroy the check and notify treasurer. You may then use this form to request a new check, listing the new judge's address on form and request for check to be mailed directly to judge, or to you, however you wish to handle it.

Deposit Voucher For competitions, enter each teacher's name, number of students entered, registration fee per student and the total amount of that teacher's check. You only need to list the registration fee per student on the first line.

If necessary, continue on a second and third page, staple all pages together and total on the last page. It is not necessary to total each page. Send form and checks to treasurer.

For advertisements, list the vendor name, size of ad and total amount of check.

Expense Voucher If reimbursement is to be made to you, fill in categories and amounts, and check box "For Reimbursement." With the exception of copies and stamps, you must submit receipts for all expenses. For copies you may print number of copies on back of form x amount per copy. Same for postage: print number of letters, etc., mailed x .37. For larger postage amounts you should have receipts from post office. Include judges' lunches in the refreshments category.

If payment is to be made to an outside vendor, for example a printing company, fill in item description and amount under "Other (list below)" and check the box that says "For Payment to Another Party." Fill in the pay to information below that line.

No payments will be made by phone or email requests.

Auditions Report Complete and send within one week after auditions. These numbers are important for planning state auditions and making reports to MTNA.

**SCMTA VOUCHER FOR EXPENSE REIMBURSEMENT
OR REQUEST FOR PAYMENT**

Name of person making request

Office or Chair

Address

Date Submitted

Email Address

Phone

EVENT: _____ **DATE OF EVENT:** _____

ITEMIZE EXPENSES BELOW AND ATTACH RECEIPT(S) TO BACK OF THIS REPORT.

Copies	_____.	_____
Postage	_____.	_____
Refreshments	_____.	_____
Office Supplies	_____.	_____
Other (list below)		
_____	_____.	_____
_____	_____.	_____
_____	_____.	_____

TOTAL AMOUNT OF REIMBURSEMENT / PAYMENT _____.

- **FOR REIMBURSEMENT:** Check will be mailed to person/address listed above.
- **FOR PAYMENT TO ANOTHER PARTY:** List name and address below.

Make check payable to: _____

Address: _____

MAIL THIS FORM WITH ATTACHED RECEIPTS TO SCMTA TREASURER.

FOR TREASURER'S USE ONLY Date Rec'd _____ Check # _____ Date Mailed _____ **VOUCHER # E** _____

SOUTH CAROLINA MUSIC TEACHERS ASSOCIATION

AUDITIONS REPORT

Please send one copy to the SCMTA President and to the SCMTA State Piano Chair.

Chairperson: _____

Address: _____

District Number: _____

Auditions Date: _____ Report Date: _____

	<u>Div. I</u>	<u>Div. II</u>	<u>Div. III</u>	<u>Div. IV</u>	<u>Total</u>
Number of Participants	_____	_____	_____	_____	_____
Ratings: Outstanding	_____	_____	_____	_____	_____
Excellent	_____	_____	_____	_____	_____
Good	_____	_____	_____	_____	_____
Satisfactory	_____	_____	_____	_____	_____

Adjudicators: (continue on back if necessary)