MMEA District I Claim Form

Date of Submission: _____

D1 Teacher Submitting Form: _____

Teacher's Role:_____

Please check the festival:

- ❑ NORTH: 6th Grade Honors Festival
- ❑ SOUTH: 6th Grade Honors Festival

- ❑ 7/8 Honors Festival
- ❑ Middle School Jazz Festival (Group)
- ❑ Middle School Honors Jazz Festival (Individual)

- ❑ High School Honors Band/Chorus Festival
- ❑ High School Jazz Festival (Group)
- ❑ High School Honors Jazz Festival (Individual)

Name of Recipient: _____

Recipient Address:_____

_____

Recipient email or phone number:_____

(Only for payments over $600, not including mileage) SSN: _ _ _ - _ _ - _ _ _ _

FORM CONTINUES ON NEXT PAGE

Please indicate which type(s) of payment is requested.

- ❑ **Time:**

  Start Time: _____ End Time: _____ Total Time: _____

  Rate: _____ Total Payment: _____

- ❑ **Honorarium/Flat Rate**: _____

- ❑ **Round Trip Miles: _____ @ $0.70 per mile = Total Payment: _____**

- ❑ **Reimbursement for _____**

Total Reimbursement amount: _____

**Reimbursement requests <u>MUST</u> be accompanied by receipts or invoices.*

TOTAL CHECK AMOUNT: _____

SEND COMPLETED FORM TO:

Missy Shabo
MMEA D1 Treasurer
mshabo@capeelizabethschools.org
Cape Elizabeth Middle School
14 Scott Dyer Road
Cape Elizabeth, ME 04107

For Office Use Only

Date Received: _____
Date Processed: _____
Check Number: _____