

MIDWESTERN REGION – AMERICAN MUSIC THERAPY ASSOCIATION

REQUEST FOR FUNDS

Part I Advance Funds

Date: _____

Amount requested \$ _____ . _____

Purpose of advance _____

Part II Reimbursement of personal funds used or use of advanced funds

Date: _____

Total advance(s) – if any \$ _____ . _____
Purpose of expenditure _____

Itemized Statement

Postage	\$ _____ . _____	
Telephone	\$ _____ . _____	
Secretarial assistance	\$ _____ . _____	
Travel	\$ _____ . _____	
Meals and lodging	\$ _____ . _____	
Other (describe)	\$ _____ . _____	\$ _____ . _____

Balance due/or advance refundable \$ _____ . _____

Request by _____

AMTA position _____

Address _____

Approved _____ Date: _____

INSTRUCTIONS FOR USE Complete Part I or Part II of the form in triplicate. Retain one copy for your files. Send two copies to the President for approval. Additional funds will not be advanced unless the Part II of this form has been completed.