

MTAC
LAKEWOOD/CERRITOS BRANCH
REIMBURSEMENT FORM

EVENT: _____

DATE: _____

BUDGETED AMOUNT: _____

INCOME: Total _____

REGISTRATION:

TEACHER (Name)	FEE PAID (Amount)	PARTICIPATION (Yes or No)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use Back For More Registrations

EXPENSES: Total _____

Food _____

Printing of Programs _____

Judges Fees _____

Site Rental _____

Registration _____

Other Printing _____

Trophies _____

Ribbons _____

TURN IN THIS FORM TO THE TREASURER ALONG WITH ALL RECEIPTS AND BILLS.

