EXPENSE REPORT

Your name: _____

(by submitting this report you agree that the information is accurate and complete)

Children's MUSIC ACADEMY

Please choose only one per expense report:

☐ **Reimbursement** check payable to: _____

☐ **Credit Card** receipts for the month of: _____ (all receipts must be dated the same month)

☐ **Bank account** receipts for the month of: _____ (all receipts must be dated the same month)

☐ **FedEx Office** receipts for the month of: _____ (all receipts must be dated the same month)

FOR OFFICE USE ONLY:

Approved: _____ Recvd: _____

Date Paid: _____ Amount: _____

Please write the STUDIO CODE and the AMOUNT from each receipt in its corresponding column.

STUDIO CODES: **A** = Arvada, **C** = Centennial, **CR** = Castle Rock, **CP** = Congress Park, **P** = Parker, **PH** = Park Hill

Date of Receipt	Vendor (name of store) and Description of item(s) purchased	Studio CODE	Classroom: Treats	Classroom: Music handouts/ books	Classroom: Instruments /equipment	Mileage	Food & Supplies for Graduations and Programs	Internet/ Phone	Meals	Repairs	Postage	Office Supplies	Total
		PH											
												TOTAL AMOUNT	

Save Print Report

DUE TO CORPORATE OFFICE/STUDIO IN CENTENNIAL no later than the 30th of each month (or you may not receive payment/reimbursement in the upcoming pay cycle).
Mail to 7562 S University Blvd, #BB, Centennial CO 80122 OR email to: expense@childrensmusicacademy.org.