



Event Host \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Host's School \_\_\_\_\_ School Phone (\_\_\_\_\_) \_\_\_\_\_

Host's Mailing Address \_\_\_\_\_

Email \_\_\_\_\_  
(City and Zip)

**5. Summary**

5A. Total Income (from number 8 – page 2) ..... (5A) \$ \_\_\_\_\_

5B. Total Expenses (from number 9 – page 3)....(should equal sum of 5C,5D, 5E &).... (5B) \$ \_\_\_\_\_

5C. VMEA Fees Subtotal (from 9A – page 3) (5C) \$ \_\_\_\_\_  
(send to VMEA treasurer)

5D. Services Expenses Subtotal (from 9B – page 3) (5D) \$ \_\_\_\_\_

5E. Operating Expenses Subtotal (from 9C – page 3) (5E) \$ \_\_\_\_\_

Balance (send to VMEA, VBODA, VCDA, or VEMEA Treasurer as indicated on page 1)..... \$ \_\_\_\_\_

**Audition balances are sent to the host of the actual event.**

Deficit (See Event Manual No. 19 on page 12) ..... (\$ \_\_\_\_\_)

***Be sure to include ALL supporting paperwork including the bookkeeper's Zero balance ledger***

**6. Signatures**



\_\_\_\_\_  
Event Chair

\_\_\_\_\_  
School Administrator or Finance Officer

*(include copy of zero balance ledger)*

**7. Participation**

\_\_\_\_\_ Number of Separate Schools Participating in this event \_\_\_\_\_ Number of Individual students participating

\_\_\_\_\_ Number of different groups participating (Assessment Only) \_\_\_\_\_ In how many sites did this event occur?

\_\_\_\_\_ Number of Teachers Participating in Elementary Workshop

**8. Income**

**Solo and Ensemble Assessment Only**

\_\_\_\_\_ Solos @.....\$ \_\_\_\_\_ each ..... \$ \_\_\_\_\_

\_\_\_\_\_ Duet members @.....\$ \_\_\_\_\_ each ..... \$ \_\_\_\_\_

\_\_\_\_\_ Ensemble members @.....\$ \_\_\_\_\_ each ..... \$ \_\_\_\_\_

**Other Events**

\_\_\_\_\_ Students @.....\$ \_\_\_\_\_ each ..... \$ \_\_\_\_\_

\_\_\_\_\_ Choirs, Bands, Orchestras @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_

(Include Stage/Jazz, Marching)

\_\_\_\_\_ Elementary Workshop Teachers @. \$ \_\_\_\_\_ each \$ \_\_\_\_\_

Balance Received from Auditions ..... \$ \_\_\_\_\_

Meal Money ..... \$ \_\_\_\_\_

Tapes and/or Recordings ..... \$ \_\_\_\_\_

Exhibitor Fees ..... \$ \_\_\_\_\_

\_\_\_\_\_ Non-Member Fees @ \$108.00 Each ..... \$ \_\_\_\_\_

Other Income (List) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Send Original to VMEA Treasurer for Every Event  
1627 Trailridge Rd – Charlottesville, VA 22903**

<p><b>Total Income \$</b> _____ (Enter Amount in Summary 5A-Above)</p>
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**9. Expenses**

**VMEA Fees**

Assessment Fees \_\_\_\_\_ students @ .25¢ per students \$ \_\_\_\_\_  
 (NO VMEA fees for Solo/Ensemble Assessment)

Non-Member Fees \_\_\_\_\_ non-members @ \$108.00 \$ \_\_\_\_\_

\_\_\_\_\_ (number) of additional checks written by VMEA Treasurer @ \$10.00 each = \$ \_\_\_\_\_  
 (does not include checks for host honorariums, only checks beyond those):

Host Honorarium (if requesting) – must not exceed \$350 \$ \_\_\_\_\_  
 (include correct signed form)

Page 2 Summary Line **5 C** – Subtotal (VMEA Fees) **(9A)** \$ \_\_\_\_\_  
 (Send to VMEA Treas.)

**Services**

Name	Social Security #	Service Provided	Fee	Expenses
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Security	_____	_____	_____	_____
Custodian	_____	_____	_____	_____
Bookkeeper	_____	_____	_____	_____

Page 2 Summary Line **5 D**.....Subtotal...(Service Expense)... **(9 B)** \$ \_\_\_\_\_

**Operating Expenses**

Tapes and/or Recording	\$ _____	Printing: Programs	\$ _____
Piano Rental/Tuning	\$ _____	Certificates	\$ _____
Student Housing	\$ _____	Photocopying Services	\$ _____
Meals	\$ _____	Badges/Nametags	\$ _____
Reception/Hospitality for students	\$ _____	Medals/Awards	\$ _____
Envelopes/Paper	\$ _____	Sight Reading Music	\$ _____
Postage	\$ _____	Office Supplies	\$ _____
Long Distance Phone Calls	\$ _____	Property Damages/Theft	\$ _____
Other Expenses (List)	\$ _____		
_____	\$ _____		
_____	\$ _____		

Page 2 Summary Line **5 E Subtotal** (Operating Expenses) **(9 C)** \$ \_\_\_\_\_

(Sum of 9A, 9B, 9C,) **Total Expenses**... \$ \_\_\_\_\_  
 Enter amount in Summary  
 page 2 – line 5 B

For questions and/or help: [vmeatreas@comcast.net](mailto:vmeatreas@comcast.net)

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