



CLINICIAN/CONSULTANT PROGRAM

Send all files to:
Michigan School Vocal Music Association
PO Box 1131
Big Rapids MI 49307-1131

This program offers the opportunity for member schools to use a clinician/consultant for classroom education. MSVMA will reimburse up to \$100 of the costs incurred by an individual school. Any school wishing reimbursement for this program must complete the MSVMA Clinician/Consultant Independent Contractor Reimbursement Form and submit a copy of the check or purchase order to the State Office. Clinician/Consultant must be on the approved list.

MSVMA Clinician/Consultant Independent Contractor Reimbursement Form Describe below the independent contractor service provided for which you are requesting reimbursement:

Date of service provided: _____

I certify that I provided the independent contractor services described above and have been compensated for them.

Printed Name of Clinician/Consultant _____

Signature of Clinician/Consultant _____ Date _____

Reimbursement check should be payable to:

Address

City and Zip

Printed Name of MSVMA
Member Requesting Reimbursement _____

Signature of MSVMA
Member Requesting Reimbursement _____ Date _____

A COPY OF THE ORIGINAL CHECK OR SCHOOLS PURCHASE ORDER MUST BE ATTACHED TO THIS REQUEST.