

National Association of Teachers of Singing, Inc.
SNATS GRANTS Expense Voucher

Date: _____

Note: Please read the **Guidelines** before filling out this voucher. All forms are due no later than three weeks after the date of the event.

1. SNATS CHAPTER name and Advisor's name:

2. Name, Address, Phone Number, and E-mail of President of SNATS Chapter:

3. Date of Event: _____ Project name: _____

4. Make check out to:

5. Mail check to:

6. ACTUAL FINANCES:

EXPENSES: Fees	\$ _____
Travel	\$ _____
Publicity	\$ _____
Postage	\$ _____
Printing	\$ _____
Hall rental	\$ _____
Other	\$ _____
	TOTAL \$ _____

INCOME:	
Local Funds	\$ _____
Admissions/Fees	\$ _____
Other	\$ _____
	TOTAL \$ _____

AMOUNT REQUESTED FROM SNATS GRANTS FUND \$ _____

(The amount of income must match or exceed the grant amount. Grants are not made if the event realizes a profit. The maximum grant amount is \$200 USD.)

RETURN APPLICATION TO:

Carl Swanson
SNATS Coordinator
40 Mayflower Ridge Drive
Wareham, MA 02571
nenats@aol.com

FOR OFFICE USE ONLY:
Date sent to Applicant: _____
Date Received: _____
Approved: _____