



Clinician/Consultant Program Reimbursement Form

MSVMA will reimburse up to \$200 of the cost incurred by an individual school utilizing a contractor from the list of clinician/consultants on the MSVMA website at msvma.org.

I participated in the Clinician/Consultant Program (please check one):

- A clinician/consultant came to my school to work with my students and me.
- I visited a school district to observe a clinician/consultant teaching in their school.

Describe the independent contractor services provided by the clinician/consultant:

School name: _____ Date of service: _____

I certify that I provided and have been compensated for the contracted services described above.

Name printed Clinician/consultant	Signature	Date
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Name printed Member requesting reimbursement	Signature	Email address	Date
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Submit a completed form for each school requesting reimbursement of up to \$200. Mail this form with a copy of the check issued to the contractor for these services to:

Michigan School Vocal Music Association
P.O. Box 1131
Big Rapids, MI 49307

Clinician/consultant program reimbursement check should be sent to the following address:

Name: _____

Street: _____ City: _____ Zip: _____