



YOUNG ARTIST SERIES

YOUNG ARTIST'S FINANCIAL STATEMENT

Please complete the form below and submit with all necessary documentation (receipts and other information as per the Tour Conditions of Agreement) to your Regional Convenor *within one week following completion of the Tour.*

Submitted by: Name (printed) : _____

Signature: _____

Full Mailing Address with Postal Code: _____

Telephone No.: _____

Email Address: _____

Region of Young Artist Tour: _____

HOST BRANCH	DATE OF CONCERT	EXPENSES FOR REIMBURSEMENT *			HONORARIUM	TOTAL
		TRAVEL	ACCOMMODATION	OTHER (specify)		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
	TOTALS:					

*EXPENSES FOR REIMBURSEMENT **must be accompanied by receipts or other documentation.**
Note that travel by vehicle is reimbursed at \$0.45 per km; provide a list of travel From/To locations and the km per trip.