



NCMEA Student Event

Financial Guidelines and Forms

Updated December 2008

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For updated Forms, see www.ncmea.net/student-event-chairs.htm

Reporting documents have been revised with the expectation of making them more user friendly for you, and easier for us to gather the needed information. It is our intention to make minimal modifications to these forms in the future to eliminate the learning curve from ever- changing forms.

Be on notice, during the 2008-2009 fiscal year, honorariums will not be paid unless completed reports, with all required documentation, are postmarked within 45 days following the final day of the event.

We tried to make the forms self explanatory and thus eliminate the need for pages of instructions. Following are, however, a few reminders which may prove helpful as you go about the important task of preparing for your event and providing the necessary information at the close of your event.

1. If you need a certificate of insurance, please request same at least two weeks in advance, by completing **Form 109 Certificate of Insurance Request Form** and sending it to the Executive Director.
2. **Form 101 NCMEA Student – Sponsored Events Financial Report Form** must be completed and filed with the Executive Director postmarked no later than 45 days after the event.
3. On page 4 of Form 101, space is provided for you to provide any other information that the Executive Director needs to know about this event or the finances of the event. If more space is needed please continue comments on the back of page 4.
4. Page 5 of Form 101 is a required checklist that should help you ensure that your report is complete and facilitate your assembling the various enclosures.
5. Please note that NCMEA now has a **Form 110 NCMEA Recording Agreement** form which should be utilized when making arrangements to have an NCMEA sponsored event recorded. Please be sure to use this form to document any recording agreements.
6. **Reimbursements** - All personal expense reimbursement will be documented on **Form 201 NCMEA Expense Reimbursement Request Form**. This includes reimbursement for any individual, including but not limited to, accompanists, clinicians, conductors, adjudicators, site chairs, event chairs, etc. Please note that all expenses (except mileage) must have receipts attached to Form 201.
7. **Form 102 Year End Event/District Financial Data Form** and **Form 104 NCMEA District Check Register** will be sent to you in early May. These forms should be in the NCMEA Office by mid July so that information can be supplied to the NCMEA accountant and filed for federal tax purposes on a timely basis.
8. Please reconcile your monthly bank statements.

Please do not hesitate to contact me should you have questions or need help.

Sincerely,

Reta R. Phifer
NCMEA Executive Director

NCMEA Student-Sponsored Events Financial Report Form

General Information

Report submission date _____
Month/Date/Year

NCMEA Section _____ District/Region _____

_____ Elementary _____ Middle School _____ High School _____ Middle and High School

Type of Event

- | | |
|---|--|
| <input type="checkbox"/> Auditions
<input type="checkbox"/> District Clinic
<input type="checkbox"/> Honors Event
<input type="checkbox"/> All-State Event | <input type="checkbox"/> Large Group Festival
<input type="checkbox"/> Solo & Small Ensemble Festival
<input type="checkbox"/> Other _____ |
|---|--|

Chairperson _____ Phone _____

Mailing Address _____
Street

_____ City _____ Zip _____

Email _____

Site _____ Date/s of Event _____
Month, Date, Year

Number of Schools Participating _____
 Number of Participating Musical Organizations _____
 Total Number of Student Participants _____

Pages 1-5 of this report, with accurate and complete information must be postmarked no later than 45 days following the event, otherwise an honorarium will not be paid.

Mail all documentation to:
NCMEA
Dr. Reta R. Phifer, Executive Director
7520 E. Independence Blvd., Suite 155
Charlotte, NC 28227

Forms and Documentation will be kept on file by the NCMEA Executive Director for IRS Documentation.

NCMEA Office Use Only Money Received	
Date _____	Check # _____
Check \$ _____	Date Deposited _____
Total Income _____	Additional Deposits _____
Total Expenses _____	Other payments made by NCMEA Office _____ _____
_____	Remaining income to be posted _____

NCMEA Student-Sponsored Events Financial Report Form

Accompanist/Adjudicator/Clinician/Conductor/ Event Chair/Site Chair Expenses
Attach expense reports (Form 202) and documentation for each person listed below.

Accompanist/Adjudicator/Clinician/Conductor/Site Chair Expenses

<p>_____ I have verified that all W-9s on file for individuals below have the current address.</p>	Total expenses	For Office Use Only
<p>Name _____ _____ W-9 included _____ W-9 already on file</p>	\$ _____	<input type="checkbox"/>
<p>Name _____ _____ W-9 included _____ W-9 already on file</p>	\$ _____	<input type="checkbox"/>
<p>Name _____ _____ W-9 included _____ W-9 already on file</p>	\$ _____	<input type="checkbox"/>
<p>Name _____ _____ W-9 included _____ W-9 already on file</p>	\$ _____	<input type="checkbox"/>
<p>Name _____ _____ W-9 included _____ W-9 already on file</p>	\$ _____	<input type="checkbox"/>

Total Accompanist/Adjudicator/Clinician/Conductor/Event Chair/Site Chair Expenses _____
 Put this amount on page 3 under expenses.

Student Event Chair Expenses

Student Event Chair Honorarium _____ W-9 included _____ W-9 already on file	_____	<input type="checkbox"/>
Event Chair Reimbursable Expenses (Total from attached expense report and included in local expenses)	_____	

Total Event Chair Expenses (to be paid by the NCMEA Executive Director) _____
 Put this amount on page 3 under expenses.

**This amount will be paid to the Student Event Chair by the NCMEA Executive Director
 after receipt of all required materials and approval of the report.**

**Pages 1-5 of this report, with accurate and complete information must be
 postmarked no later than 45 days following the event,
 otherwise, an honorarium will not be paid.**

NCMEA Student-Sponsored Event Financial Report Form Event Income and Expenses

Attach the Following

 Expenses Receipts for All Items Listed Below.

- A. Reimbursements: All persons who request reimbursement for payment or purchases must complete a Reimbursement Form and provide all documentation before a reimbursement is made.
- B. All other expenses: Receipts for all other expenses should be taped and labeled, by category, to an 8.5" x 11" paper

Income (as reported on the NCMEA Student Event Income Log, Form 103)

Fees from Participants/Schools _____ @ _____ = _____		
Other Income (Please Specify)		
_____		_____
_____		_____
_____		_____

Total Income _____

Expense (Receipts or invoices are required for all expenses)

Total Accompanist/Adjudicator/Clinician/Conductor, and/or Site Chair Expenses		_____
Total Event Chair Expenses		_____
Building Rent (to include Deposit)		_____
Janitorial Services		_____
Moving Equipment		_____
Stage Crew		_____
Piano Tuning		_____
Lodging (if on Master Account)		_____
Office Supplies		_____
Phone		_____
Postage		_____
Program Printing		_____
Adjudicator On-site Meals		_____
Secretarial Support		_____
Music		_____
Rehearsal CDs		_____
Recording of Performance		_____
Refund for Participation Cancellation		_____
Other (Please Specify)		_____
_____		_____
_____		_____
_____		_____
_____		_____

Total Expenses _____

Event Profit/Loss (total income minus total expenses) _____

NCMEA Student-Sponsored Events Financial Report Form

Banking Documentation – Check Remittance

	Date	Amount
Beginning Bank Balance as of	_____	\$ _____
Ending Bank Balance as of	_____	\$ _____

I have included the following:

_____ Bank Statements from _____ to _____

_____ Copies of all checks issued (may be part of your bank statement).

_____ Copies of all deposit slips are attached to the back of **Form 104 NCMEA District Check Register**, unless they are part of the bank statement.

Check amount payable to NCMEA enclosed herewith \$ _____

Amount to be held in the checking account \$ _____

Other information or comments that would be helpful to the Executive Director in interpreting this report (outstanding checks). If more space is needed, please continue on the back of this page.

NCMEA Student-Sponsored Event Financial Report Form

CHECKLIST

Please make sure you have completed the tasks and included the attachments required on this page before submitting your report.

_____ I have verified that all required w-9s are on file and the recipients address is current or have enclosed new w-9s as applicable.

_____ Attached are signed **Form 200 Accompanist/Adjudicators/Clinicians/Conductors Agreements**, for all individuals employed for your event.

_____ **Form 201 NCMEA Reimbursement Forms** and documentation for all reimbursed expenses

_____ **Form 103 NCMEA Student Event Income Log** is enclosed

_____ **Form 104 NCMEA Student Event District Check Register** is enclosed.
Deposit slips are attached to the back unless they are part of bank statement.

_____ Bank Statements and copies of all checks and deposits (if part of bank statement) as required on page 4

_____ Event program or event schedule is enclosed

_____ Event scores / ratings are enclosed

Student Event Chair's

Signature _____ Date _____

(I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for NCMEA activities.)

Pages 1-5 of this report, with accurate and complete information must be postmarked no later than 45 days following the event, otherwise, an honorarium will not be paid.

Mail all documentation to:

NCMEA

Dr. Reta R. Phifer, Executive Director

7520 E. Independence Blvd., Suite 155

Charlotte, NC 28227

NCMEA Year End Event/District Financial Data

Chairperson _____

Date of submission _____
Month/Date/Year

NCMEA Section _____ District/Region _____

_____ Elementary _____ Middle School _____ High School _____ Middle and High School

Submission of Bank Statements and Check Register
since latest event/district report
through and including June 30 Bank Statement

Bank Account Purpose (Mark all appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Auditions | <input type="checkbox"/> Large Group Festival |
| <input type="checkbox"/> District Clinic | <input type="checkbox"/> Solo & Small Ensemble Festival |
| <input type="checkbox"/> Honors Event | <input type="checkbox"/> Band District |
| <input type="checkbox"/> All-State Event | |
| <input type="checkbox"/> Other _____ | |

I have included the following:

_____ Bank Statements included from _____ to _____

_____ Copies of all checks written since last report (may be part of your bank statement).

_____ Includes receipts/invoices for all checks written since date of previous report.

_____ **Form 104 Check Register** with deposit slips attached.

Student Event Chair's

Signature _____ Date _____

(I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for NCMEA activities.)

**Mail all documentation to: NCMEA
Dr. Reta R. Phifer, Executive Director
7520 E. Independence Blvd., Suite 155
Charlotte, NC 28227**

North Carolina Music Educators Association Festival Plaque Order Form



Please send one "SUPERIOR RATING" plaque to:

Director _____ School Name _____

Director's Email Address _____

School Street Address _____
Street City Zip Code

School Phone Number _____

STATEMENT OF ELIGIBILITY

I hereby certify that _____ band/chorus/orchestra from
Performer/Performing Group

_____ received a "SUPERIOR RATING" in the contest held
School Name

at _____ on _____
Site Date to Include Year

Contest Chair's Signature _____

Director's Signature _____

Plaque(s) will be shipped by FedEx. Be sure that the address listed above is correct for this type shipment. Avoid using PO Boxes.

A check or money order must accompany this order. A school purchase order will not be accepted.

Plaques cost \$50.00 each. Make check payable to NCMEA.

Submit Plaque Order Form with payment to:

NCMEA, Dr. Reta R. Phifer, Executive Director
7520 E. Independence Blvd., Suite 155
Charlotte, NC 28227

NCMEA Student Event Certificate of Insurance Request Form

Use only if your event site requires a certificate of insurance

In order to get a Certificate of Insurance for a student event site, please provide the NCMEA Executive Director with the following information, at least two (2) weeks prior to the event, so information can be forwarded to our insurance company. The insurance company will fax the certificate to the person on-site who needs the certificate. Be sure you get the correct contact person and their fax number.

NCMEA Section	
Name of event	
Event chair	
Date/s of event	
Time of event – Complete Schedule should be provided on a separate sheet.	
Location - name of the site, church, school, university	
Building or part/s of the building to be used	
Site address to include zip code	
Site contact person	
Person who should receive the certificate	
Fax # for person who should receive the certificate	
Number of student participants	
Number of adult chaperones	
Security will be provided by	
Will food or beverage be provided?	

Please provide information to the NCMEA Executive Director, preferably by email attachment.

NCMEA Office
 Reta R. Phifer, Executive Director
 7520 E. Independence Blvd., Suite 155
 Charlotte, NC 28227
 Phone: 704-537-6237
 Fax: 704-537-6238
rphifer@ncmea.net



NCMEA Recording Agreement

NCMEA Sponsored Event _____

Name of Event Chair _____

Mailing Address _____

Street City State Zip Code

E-mail Address _____

School Phone _____ Cell Phone _____

Recording Location

Site Name _____

Site Address _____

Street City State Zip Code

On Site Contact _____

Date _____ Time _____

Other Information _____

NCMEA will provide _____

Name of Company Providing Services _____

Mailing Address _____

Street City State Zip Code

E-mail Address _____

Business Phone _____ Cell Phone _____

Name of Technician for the Recording Session _____

Recording Company will provide _____

Please provide copies of all copyright paperwork for NCMEA files.

Signature of Company Representative

Date

Signature of NCMEA Student Event Chair

Date

NCMEA Accompanist/Adjudicator/Clinician/Conductor Agreement

The North Carolina Music Educators Association's Student Event Chair for _____
Section & District
 agrees to pay _____ the following amounts for services outlined below.
Accompanist/Adjudicator/Clinician/Conductor's Name

Professional Fee \$ _____ per day for total of \$ _____
Payment is contingent upon having a W-9 on file in the NCMEA Office.
 Please submit the first page of the W-9 with this agreement.

Event Title _____

Services to be provided _____

Event Location _____

Event Date/s and Times _____

Accompanist/Adjudicator/Clinician/Conductor Information

Name _____

First Middle Initial Last

Address _____

Street City State Zip Code

E-mail _____

Phone _____ Cell Phone _____

Event Chair's Signature **Date**

Adjudicator/Clinician/Conductor's Signature **Date**

Expense Reimbursement Policy – Receipts are required for all expenses.

TRAVEL

NCMEA does not provide for the use of a rental car.
 Automobile – Round trip travel from your hometown to the event site.
 Mileage @ \$.505 per mile
 Flight – Lowest Coach

MEALS

Breakfast \$7.50 maximum
 Lunch \$9.75 maximum
 Dinner \$16.75 maximum

LODGING IS ARRANGED BY THE EVENT CHAIR but shall not exceed \$100 per night.

The Event Chair will provide Form 201, NCMEA Expense Reimbursement Request Form at the event.

Please keep a copy of this form for your records. Return the original to the Event Chair.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.