



State and Regions

INVOICE FOR PAYMENT

WAG

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T&T

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Rhythmic

State / Region: _____

Reference / For: _____ Date(s): _____ - _____

Payee: _____ Role: _____
(Example: coach, judge, clinician, etc.)

Street Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

	TYPE OF EXPENSE (example: travel, meals, honorarium, etc.)	DESCRIPTION OF CHARGE	AMOUNT
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$

TOTAL: _____