



OREGON
MUSIC TEACHERS
ASSOCIATION

Billing Form

(to request a check from the
Operations Bookkeeper)

To: OMTA Operations Bookkeeper

Date _____

From _____ Phone Number _____

Committee _____

* Refer to [OMTA Budget Categories](#) for the category number for your reimbursement.

Category Number*	Description or Purpose	Amount
TOTAL		

Signature _____

Make Check Payable To _____

Mail Check To _____

Mail completed form to:
Cindy Peterson-Peart
OMTA Operations Bookkeeper
13040 SW Heather Ct
Beaverton OR 97008
bookkeeper.operations@oregonmta.org