



Oregon Music Teachers Association, Inc.

Billing Form

(to request a check from the Operations Bookkeeper)

To: OMTA Bookkeeper of Operations 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:
Sarah Ball
OMTA Operations Bookkeeper
3418 Kellwood Ct
Forest Grove, OR 97116-2961
bookkeeper.operations@oregonmta.org