



Oregon Music Teachers Association, Inc.

Remittance Form

(to submit funds to the Operations Bookkeeper)

To: OMTA Operations Bookkeeper Date _____

From _____ Phone Number _____

Committee _____

Address _____

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

Category Number*	Description or Purpose	Amount
TOTAL		

Signature _____

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