



# East Portland District OMTA REIMBURSEMENT REQUEST

(Please attach any receipts.)

DATE: \_\_\_\_\_

TO: Treasurer, East Portland District OMTA

FROM: \_\_\_\_\_

COMMITTEE OR EVENT: \_\_\_\_\_

POSTAGE: \_\_\_\_\_

ENVELOPES: \_\_\_\_\_

COPIES: \_\_\_\_\_

PRINTING: \_\_\_\_\_

OTHER: (Please list)

_____	_____
Description	Amount
_____	_____
Description	Amount
_____	_____
Description	Amount

TOTAL DUE: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MAIL TO: