

**CENTRAL OREGON DISTRICT
Oregon Music Teachers Association**

Please **PRINT** or **TYPE**

Date: _____

Committee/Budgeted area: _____

Chair person _____

Deposit Amount: _____

Withdraw Amount: Please list amount and where spent. Enclose **ALL** receipts.

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ Withdraw Total

ALL receipts are enclosed:

(Signature) _____

Address _____

Send this form plus all receipts to:

Jean Shrader, Treasurer
C.O. District OMTA
11480 W Highway 126
Redmond OR 97756

