

**Business Expense Form
CENTRAL OREGON DISTRICT
Oregon Music Teachers Association**

Please **PRINT**

Date: _____

Committee or Budgeted area _____

Chairperson _____

Deposit Amount: _____

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

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

ALL receipts are enclosed.

(Signature) _____

Address

Send this form plus all receipts to: Gary Ruppert, Treasurer C.O.
District OMTA, 200 Vista Rim Drive, Redmond OR 97756

Withdraw Total \$ _____