

**CENTRAL OREGON DISTRICT
Oregon Music Teachers Association**

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

Date: _____

Committee/Budgeted area _____

Chairperson _____

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: Jennifer Marsden, Treasurer
C.O. District OMTA 23315 Bear Creek Rd, Bend OR 97701