



# Oregon Federation of Music Clubs

## Application for Reimbursement/Payment

<i>For Office Use Only:</i>	
REQUEST	APPROVED / DENIED
DATE	_____

Date of Request: \_\_\_\_\_

Event \_\_\_\_\_ Event Date \_\_\_\_\_

Name for Reimbursement \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ Email \_\_\_\_\_

Chairperson (if different than Payee) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ Email \_\_\_\_\_

### EXPENSES

Receipt Date	Description	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
TOTAL		_____

(Use back for additional items)

Please attach receipts to this form and mail to:  
 Lisette Sage, OFMC Treasurer, 15240 SW Obsidian St., Beaverton, OR 97007

<i>For Office Use Only</i>			
PD Amt. _____	Check # _____	Date _____	Treas Signature _____