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| --- | --- | --- |
| logo-new.jpg | Oregon Federation of Music Clubs | |
| Application for Reimbursement/Payment | |
|  | *For Office Use Only:*  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

*For Office Use Only*

PD Amt. Check # Date Treas Signature