



West Portland District OMTA REIMBURSEMENT REQUEST

(Please attach any receipts.)

DATE: _____

TO: Treasurer, West Portland District OMTA

FROM: _____

COMMITTEE OR EVENT: _____

POSTAGE: _____

ENVELOPES: _____

COPIES: _____

PRINTING: _____

OTHER: (Please list)

_____	_____
Description	Amount
_____	_____
Description	Amount
_____	_____
Description	Amount

TOTAL DUE: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

SIGNATURE: _____

MAIL TO: