

**CMTA VOUCHER FOR EXPENSE REIMBURSEMENT  
OR REQUEST FOR PAYMENT**

Date Submitted: \_\_\_\_\_

Name of person making request: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Itemize Expenses below and attach receipts(s) to the back of this request.

<i>Example:</i>	<i>Refreshments</i>	<i>\$25</i>	<i>00</i>
Total to be Reimbursed			

For Reimbursement: Check will be mailed to the person/address listed above.

For Payment to another party: List name and address below.

Make Check payable to \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mail this form with the attached receipts or scan form/receipts and email to CMTA Treasurer.

<b><u>Treasurer's Use Only</u></b>		
<b>Date Received</b> _____	<b>Event/Category</b> _____	<b>Check #</b> _____
<b>Date Mailed</b> _____	<b>Voucher #</b> _____	