

AMTA EXPENSE REIMBURSEMENT FORM 2024-2026

Members, please be sure to complete all 6 steps on this form. Thank you.

1. **DATE:** _____

2. **MAKE CHECK OUT TO:** _____

3. **SEND CHECK TO:**

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

4. ☐ **REQUEST FOR CHECK**

5.	Event:	Item:	Amount:
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL:			

6. **ATTACH ALL RECEIPTS AND MAIL TO:**

Susan Leavitt, AMTA Treasurer
4872 S Fultondale Way
Aurora CO 80016

Office Use Only:		
Date Paid:	Check #:	Category:

To contact Susan: (719) 660-0154 sslpiano@yahoo.com



CSMTA REQUISITION FORM

Contact Name: _____

E-Mail: _____

Date: _____

☐

Checks Enclosed for Deposit

(checks must be made out to CSMTA)

☐

Mail Reimbursements To:

Name _____

Address _____

	Item or Check #	Purpose:	Amount:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
TOTAL:			

ATTACH ALL RECEIPTS AND MAIL TO CSMTA

Liane Rockley,
Treasurer
470 Sunrise Dr.
Golden, CO 80401

Office Use Only:

Date: _____ Initials: _____ Check #: _____ Category: _____

AMTA EXPENSE REIMBURSEMENT FORM 2019-2020

Members, please be sure to complete all 6 steps on this form. Thank you.

1. **DATE: February 3, 2020**

2. **PLEASE MAKE CHECK OUT TO** Wash Park UCC

3. **PLEASE SEND CHECK TO:**

Name: Cynthia Allor

Address: 16662 E. Temple Dr.

City/State/Zip: Aurora, CO 80015

Phone #: 303-693-7613

Email: callor@ecentral.com

4. ☒ **REQUEST FOR CHECK**

5.	Event:	Item:	Amount:
1	AMTA Four Forms Festival	Venue Rental	\$200.00
2			
3			
4			
5			
6			
7			
8			
TOTAL:			\$200.00

6. **ATTACH ALL RECEIPTS AND MAIL TO:**

Jerome Gilmer, AMTA Treasurer
5959 S. Fairplay St.
Centennial, CO 80016

Office Use Only:		
Date Paid:	Check #:	Category:

To contact Jerome 303-649-1830 jerome@jeromegilmer.com