

CMTA CHECK REQUEST

Make check payable to:

_____ Amount \$ _____

Address:

City: _____ State: _____ Zip Code: _____

Email address: _____

Nature of Expenditure:

Event charged:

Requested by: _____

Signature

Date(s) of expenditure(s): _____

Number of vouchers attached: _____

Itemized list (IF vouchers ARE NOT attached):

FOR TREASURER ONLY

Date paid: _____	Acct. No. _____	Amt. _____
check no.: _____	Acct. No. _____	Amt. _____
Amount paid: _____	Acct. No. _____	Amt. _____

For expenditures that need reimbursement, make copies of this form, complete, and send to the CMTA Treasurer, Rebecca Landreth, NCTM.