

CMTA CHECK REQUEST

Make check payable to:

Date Submitted: _____

_____ Total Amount Requested \$ _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Email _____

Date(s) of expenditure(s): _____

Number of receipts attached: _____

SALES TAXES ARE NOT PAID BY CMTA.
Sales Tax Forms are available for your use at time of purchase.

Itemized list

(Retailer Name) (Amount – no tax) (Event) (Type of Expense – copies, food, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Requested by: _____

Signature

FOR TREASURER USE ONLY

Date paid: _____

Amt. \$ _____ Acct. No. # _____

check no.: # _____

Amt. \$ _____ Acct. No. # _____

Total amount paid: \$ _____

Amt. \$ _____ Acct. No. # _____

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