

TVOMTA Teacher Reimbursement Form

*To be submitted to TVOMTA treasurer when requesting reimbursement for **personal expenses** related to TVOMTA functions or events. For payment request sent to a payee that is not you, see "TVOMTA Remittance Form".*

Date: _____

To be paid to: _____

Payee Address: _____

Payee Email: _____ Phone: _____

Name of officer or chairman authorizing reimbursement: _____

Name of relating Function or Event: _____

COPY YOUR RECEIPTS AND KEEP YOUR ORIGINALS. STAPLE COPIED RECEIPTS (or a printed statement if applicable) TO THIS FORM.

Other Notes: _____

Signature: _____

TOTAL AMOUNT REQUESTED: \$ _____

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