

_____Your name and mailing address_____

Chintimini Chamber Music

3925 NW Tillicum Place
Corvallis, OR 97330

REIMBURSEMENT REQUEST

Steven Esbensen, Treasurer
Phone 541-758-0036

Date	Description of Item	Amount

_____ Total Amount Requested \$
Signature Date

Instructions

1. Reimbursement requests may be submitted on this form or by email.
2. For each item, enter the date and a brief description.
3. Attach receipt or other supporting documentation for each transaction (one transaction may cover more than one item). If a receipt is not available, describe the nature of the transaction and give an explanation for why the receipt is not available on the back of this form.
4. Enter the total amount of the items for which reimbursement is requested.
5. Fill in your name and address in the upper right of the form; sign and date.
6. Mail the request and supporting documentation to the address above, or give it to the CCM Treasurer.