



**C**alifornia **A**ssociation of **P**rofessional **M**usic **T**eachers - **District I**  
**Reimbursement/Requisition Request**

Requested by: \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Payable to: \_\_\_\_\_

Name \_\_\_\_\_

Send Payment to: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

<b>Office Use Only</b>
Date Paid: _____
Amount Paid: \$ _____
Check No.: _____

DESCRIPTION	PHONE	POSTAGE	PRINTING	SUPPLIES	TRAVEL	OTHER (SPECIFY)
<b>COLUMN TOTALS</b>						
<b>TOTAL AMOUNT REQUESTED</b>						\$ _____

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_