

Oregon Council of Teachers of Mathematics General Expense Form

Use this form to request payment for expenses other than travel.

Name:

Date:

Address:

City:

State:

Zip:

Purpose of Expense:

Description	Amount	Budget Line Item
Total amount requested:		

Please provide receipts with your request. Photocopies are acceptable. Unusual circumstances cannot be covered by any set of regulations. If you provide a detailed explanation, we shall try to accommodate you within the limits of reason, common sense and timeliness.

Signature of Claimant:

-----FOR TREASURER'S USE ONLY

Amount Paid

Check Number

Date Paid