

**WACO MUSIC TEACHERS ASSOCIATION**  
Reimbursement Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date	Event/Item	Amount

**Total Amount Requested for Reimbursement:** \$ \_\_\_\_\_

Send this form with receipts attached, to the following address:

**Lisa Robinson**  
**WMTA Treasurer**  
**2710 Colcord**  
**Waco, TX 76707**