

# RMTA Check Request Form

Date of Request: \_\_\_\_\_

Event: \_\_\_\_\_

Category/Description	Amount
<b>Total Expenses Incurred</b>	

Please list all expenses incurred on behalf of RMTA and attach the related receipts to this form, or attach the invoice for any direct vendor payments.

Please mail the form, receipts, and invoices to:

**Wesley Pollard**  
**RMTA Treasurer**  
**1673 New Haven Place**  
**Glen Allen, VA 23059**  
[wesley@rhapsodypiano.com](mailto:wesley@rhapsodypiano.com)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Telephone:

Check payable to: \_\_\_\_\_

Address of payee: \_\_\_\_\_  
 \_\_\_\_\_