



ALBERTA REGISTERED MUSIC
TEACHERS' ASSOCIATION

PAYMENT REQUEST FORM

This form is fillable

Please attach any applicable documentation or receipts

Date:

Requested Method of Payment:

Amount Payable

Cheque

E-transfer

Direct Deposit (provide VOID cheque)

Payable to	
Email Address	
Address	
City, Province, Postal Code	

Description of Payment:

Payment requested by:

Board Member Name or Convener Name	Title

Note: Photocopying will be reimbursed at 10 cents per copy.

For office use only

Bank Account: **ARMTA Calgary** **Endowment Society**

Cheque No. or E-Transfer Confirmation No.	Amount Paid	Date Issued