

MOUNT PROSPECT ELEMENTARY SCHOOL PTO



**2018-2019 Expense Reimbursement
Vendor Payment Form**

Payee:	
Email Address:	
Phone #:	
Student's Last Name: <i>If different from payee:</i>	
Payee Address:	
Date of Expense:	
Event/Committee:	
Chairperson:	
Description:	
Amount:	
Receipt Attached: <i>PLEASE paperclip</i>	YES NO
Signature:	

***We make it a point to reimburse you quickly please do us
the same favor by depositing/cashing your
reimbursement check just as fast!***

Thank you – MPS PTO Board

Any questions email Kathryn Reed at kathrynreed2008@gmail.com

For PTO Treasurer Use Only

Date check issued:

Check Number: