MOUNT PROSPECT ELEMENTARY SCHOOL PTO



2018-2019 Expense Reimbursement Vendor Payment Form

Payee:			
Email Address:			
Phone #:			
Student's Last Name: If different from payee:			
Payee Address:			
Date of Expense:			
Event/Committee:		_	
Chairperson:			
Description:			
Amount:			
Receipt Attached: PLEASE paperclip	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: