

**Mercy Parent Teacher Organization
(MPTO)
Check / Reimbursement Request Form**

Name:

Committee:

Date:

Amount:

Description of Expense (Please include the date, invoice #):

Make Check / Reimbursement Payable To:

Mail Check / Reimbursement to the Following Address or Hold at Parish Office
for Pick Up:

**Please submit all completed check/reimbursement requests with attached
ORIGINAL receipts or invoices to Karen Robertson in the school office.**

AMF received _____

JH approved _____

Parish House received _____