

MCES PTO

Reimbursement/Payment Request

CHECK WILL BE MADE OUT TO THE NAME BELOW.

Please attach all receipts to back of form

Name: _____

Address: _____

Can check be sent home with a student (for St. Mike's/St. John's students only)?

Name of student: _____ Teacher: _____ Grade: _____

Event: _____ Date of Event: _____ Location: _____

Please use a separate form for each event. All receipts must be submitted within 30 days of event.

Itemize Receipts

Receipt Date	Expense Description	Merchant	Amount
Total Reimbursement:			

I agree that all expenses submitted on this request form are for MCES PTO purposes only.

Signature

Date

Signature of event chair

Date

Please submit to the MCES PTO Treasure

Forms are available at mcespto.weebly.com