

OLMC PTO Reimbursement/Check Request Form

Please submit within 30 days of event.

Please note that all requests will be compiled and submitted once a week, with reimbursements distributed through OLMC Church Office on their timeline. If there is a reason for an expediated return, please reach out to PTO Treasurer.

Date Submitted _____

Date Check Required (if applicable) _____

Please Make Check Payable to: *This should be the name on the invoice for a check request, or your name if requesting reimbursement.*

Name: _____

Address: _____

City, State, Zip: _____

How should check be distributed? [check one] ___ Mailed to address above ___ Pick up at front office

Amount of Reimbursement -OR- Check Request



Do not include sales tax in your reimbursement total.

Committee/Event: _____

List Items/Services: *List all items purchased and attach receipts or invoice.*

Name: _____ Phone: _____

Signature: _____

PTO/Office Use Only

Approved by _____ Date _____

Account Number: **58044-S1007-807-G-10008-A-** _____

Wish List: **58044-S1007-807-G-10026-A-2211-048**

Other: _____

Notes: _____
