



MOUNTAIN SIDE PARENT AND COMMUNITY TEAM (MPACT)

REIMBURSEMENT CHECK REQUEST FORM*

Requestor name: _____

Date of Request: _____

Amount to be reimbursed: _____

Date(s) expense incurred:

Address where check should be sent:

Brief description of expense:

Approved by [please include name of MPACT Committee Chair, Officer, or Board member who approved expense]:

Please scan/email expense receipt(s) with this completed form. Email all to mpact.treasurer@gmail.com

*Unless arranged in advance with MPACT Treasurer, check requests will be processed by MPACT's bank bill payment processing. Please allow 5-10 days for processing. **Checks will be made payable to the above-named person and mailed to the above address.** Questions? Please email the treasurer or your committee chair.