

ST. MICHAEL PARENT ORGANIZATION CHECK AND REIMBURSEMENT REQUEST

PROPERTY OF:	ST. MICHAEL PARENT ORGANIZATION		
ADDRESS	314 W. WILLOW AVE.		
CITY, STATE, ZIP	WHEATON, IL 60187		
PHONE	414-403-4727- Matt Tagliareni 727-366-3148 - Sarah Puglia SMPO Treasury (smpotreasury@gmail.com) PARENT ORG. TREASURERS		
Date:			
Requested by Name:			
Requested by Phone:			
Check Payable to:			
Amount: (attach receipt/invoice)			
For Committee/Event:			
Item Description (required):			
Requested by Signature:			
Approved By Signature & Printed Name:	-		
Requests without appropriate approval will not be processed. Requests will be paid up to the budgeted amount only. Budget overages require review and approval by the Parent Organization Board.			
Please choose a delivery method:			
Send check through Backpack Mail	Child's Name:	Child's Room Number:	
Send check through postal mail to this address:			
Bottom Portion For Treasurer Use - Leave Blank			
Date Received:			
Date of Check:			
Amount of Check:			
Check #:			

Check Requests and reimbursements will not be processed unless the receipts/invoices are attached and the form is approved by the appropriate SMPO VP/Officer. Requests may be sent to Matt Tagliareni and Sarah Puglia -Parent Org Treasury through backpack mail to the school office.

Please contact SMPO Treasury (smpotreasury@gmail.com) with questions.