

OJR MPO REIMBURSEMENT/CHECK REQUEST

Date: _____

Date Needed: _____

Total Amount: _____

Description of Expenses: _____

Name of Committee or Fundraising Expense to be charged:

Make check payable to:

Mail To Name:

Address:

Phone #:

Please attach receipts for all purchases.

Please submit form in an envelope with receipts to: Caroline Charron Treasurer

Either through band mailbox or mail to:

Caroline Charron 6 Brandie Layne Ct Spring City PA 19475

Any questions? Please contact at 571-247-4664 or ojrmpotreasurer@gmail.com

For Treasurers Use only:

Amount Paid: _____ Check #: _____ Date: _____

Budget Category: _____ Check Mailed: _____ Delivered: _____