

**WYCKOFF PTO COORDINATING COUNCIL, INC.
CALVIN COOLIDGE SCHOOL PTO
Expense Reimbursement/Check Request Form**



Complete this form to request an expense reimbursement or to request a check for payment. Copies of receipts are required for all reimbursements. Please note that we cannot accept a credit card statement, a written note, or a purchase statement as a receipt. All check requests must have an invoice.

Name: _____ (E-mail or cell): _____

Event or Committee: _____

Check made out to: _____

Address: _____

Chair Signature: _____ Room name: _____
(if applicable)

Date: _____

Description: (Receipts/Invoices must be attached)	Amount	Copy of Receipt
1		
2		
3		
4		
5		
6		
7		
8		
9		
Total Due:		

For Treasurer Use:

Check Number:	_____
Amount:	_____
Date:	_____
Budget:	_____