

**WYCKOFF PTO COORDINATING COUNCIL, INC.
 SICOMAC 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. All check requests must have an invoice.

Name & Email:

Event or Committee:

Date:

Budget:

Description: <i>(Receipts/Invoices must be attached)</i>	Amount
1	
2	
3	
4	
5	
6	
7	
8	
Total Due:	

For Treasurer Use:

Check Number:	_____
Amount:	_____
Date:	_____