

**WYCKOFF PTO COORDINATING COUNCIL, INC.**  
**Washington 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 must be attached for all reimbursements. All check requests must have an invoice attached.

NOTE: Sales tax cannot be reimbursed. Please use our tax-exempt ID# for all purchases.

<b>Activity/Event:</b>	
<b>Name</b> <i>(submitted by):</i>	
<b>Email:</b>	
<b>Date:</b>	<b>VP/Chair Approval:</b>

<b>Description</b> <i>(Receipts/Invoices must be attached)</i>	<b>Amount Paid</b>	<b>Receipt (x)</b>
<b>Total Check Amount:</b>		

Please reimburse the following for expenses incurred in connection with the above activity/event:  <b>Name:</b>  <b>Address:</b>  <b>Phone #:</b>
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