

WYCKOFF PTO COORDINATING COUNCIL, INC.
Lincoln 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.

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

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

| | |
|---|--|
| Please make check payable to: Name: Address: Phone #: | |
|---|--|