

Sicomac School PTO Expense Report

Name: _____

Event or Committee: _____

Date: _____

Receipt/Item <i>(Receipts must be attached)</i>	Total Expense From Receipt
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total Due:	

Approved by: _____

Event Chairperson Signature

If reimbursement is for the Chairperson, then Co-Chair must Sign for approval.

For Treasurer Use:

Check Number: _____
Amount: _____
Date: _____

Form may also be downloaded from our website
www.wyckoffpto.org