

WCES PTO CHECK REQUEST

REIMBURSEMENT

CHECK TO VENDOR

Date Submitted: _____ Date Needed: _____

Your Name: _____ Phone: _____

Committee: _____

Make Check Payable to: _____ Amount: \$ _____

RECEIPTS (Please attach ALL documentation)

Date	Payee	Description Reason for Reimbursement	Amount
			\$
			\$
			\$

TOTAL \$ _____

INCLUDED IN ANNUAL BUDGET **APPROVED AT MEETING (DATE: / /)**

PLEASE NOTE: Any expenditure over annual budget **MUST** have prior approval. If prior approval is not obtained, it is possible the expenditure will NOT be reimbursed.

Address check should be mailed to:

Name

Address

City

Zip Code

Committee Chair Signature _____

.....
For Treasurer's Use Only:

Date Written: _____ *Category* _____ *Check#* _____