



Crocker Parent Group  
Expense Reimbursement Form  
2017-2018 School Year

Requested by: \_\_\_\_\_

Phone: \_\_\_\_\_

Committee: \_\_\_\_\_

Chair: \_\_\_\_\_

Description of Expense:

Please select one:

\_\_\_ Request for direct Reimbursement (attach receipts)

\_\_\_ Request for a Check Payable to Vendor (attach invoice or written cost estimate)

Amount: \$ \_\_\_\_\_

Option 1: PayPal Payment - MUCH Preferred

Email to which PayPal Payment Link should be sent: \_\_\_\_\_

Option 2: Make Check Payable to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(City/State/Zip Code)

Preferred submittal for easy & fast reimbursement: Using your smartphone, take a photo of this form and your receipts and email the photos to ai@glaucomaSF.com. Otherwise, snail mail to Andrew Iwach, 10 Hampton Court, Hillsborough 94010. Please submit reimbursement request no later than 90 days after the event. And please either type in the requested information or print as clearly as possible. Thank you!