



PARENT VOLUNTEER ORGANIZATION REIMBURSEMENT REQUEST FORM

DATE: _____

MAKE CHECK PAYABLE TO: _____

ITEMS PURCHASED	EVENT/REASON	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

GRADE: _____

METHOD OF DELIVERY (please circle)

School Office/PVO Box

Mail (indicate address below)

Other (specify below)

REQUESTED BY: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

PVO COMMITTEE: _____

Original receipts and/or original invoices must be attached for the reimbursement to be approved. Sales Tax is not a reimbursable expense and CANNOT be reimbursed. Please contact the PVO Treasurer, Elizabeth Lopez, at 832-746-7206 or poppvotreasurer@gmail.com if you have any questions.

<i>Accounting Use Only</i>	
PVO Treasurer Approval: _____	School Controller Approval: _____
Coded To: _____	Check Number: _____
Remaining Budget: \$ _____	Date Paid: _____
PVO President Approval: _____	