



PARENT VOLUNTEER ORGANIZATION REIMBURSEMENT REQUEST FORM

DATE: _____

MAKE CHECK PAYABLE TO: _____

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

METHOD OF DELIVERY (please circle)

School Office/PVO Box

Mail (indicate address below)

Other (specify below)

REQUESTED BY: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

GLC or CHAIR APPROVAL: _____

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, Jennifer Lacy, at 972-533-8616 or lacyjennifer2@yahoo.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: _____	