



## 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)

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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, Anuja Beauchamp, at 214-492-9750 or [poppvotreasurer@gmail.com](mailto: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: _____	