



SJV PTO REIMBURSEMENT FORM



DATE: _____
NAME: _____
PHONE #: _____

FOR OFFICIAL USE ONLY	
PRESIDENT APPROVAL	_____
DATE APPROVED	_____
DATE PAID	_____
CHECK #	_____

DATE OF EXPENSE	EVENT	EXPLANATION OF EXPENSE	AMOUNT**

MAKE CHECK PAYABLE TO: _____

TOTAL: _____

SIGNATURE _____

**All reimbursement forms must be submitted for refund no later than 30 days after the event. Please make sure to attach all receipts.

