SJV PTO REIMBURSEMENT FORM

DATE: _____

NAME: _____

PHONE #: _____

	FOR OFFICIAL USE ONLY
President's Approval	
Date Approved	
Date Paid	
Check #	

DATE OF EXPENSE	EVENT	EXPLANATION OF EXPENSE	AMOUNT **

MAKE CHECK PAYABLE TO: _____

TOTAL: $0.00

SIGNATURE: _____

** ALL reimbursement forms must be submitted for refund no later than 30 days after the event.
Reimbursements will not be given without ALL receipts attached.