

OVO GRADE SHARED Cost Reimbursement

Attach Receipts Here

Check Payable to: _____

Leave check for or mail to: _____

City: _____ Zip Code: _____

Cell#: _____

Date	Item / Purpose of expense	Amount
Total:		

Signature: _____ Date: _____

****Attach ALL receipts, one for each line item, and sign above****

PTSO USE

Approved by: _____

Approved by: _____

Signature: _____

Check #: _____ Date: _____

Delivery Method: _____