

# OVO GRADE Reimbursement Request

**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\*\*

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**PTSO USE**

Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery Method: \_\_\_\_\_