# OVO PTSO 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: _____

Signature: _____

Check #: _____ Date: _____

Delivery Method: _____