

PVCICS Family Association Expense Reimbursement

PROJECT/EVENT: _____ DATE OF PROJECT/EVENT: _____

NAME: _____

PHONE: _____ EMAIL: _____

Date	Store	Description	Amount	Check if this is a donation
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TOTAL: \$ _____

Amount to be donated to the PVCICS FA: \$ _____

Amount to be reimbursed: \$ _____

Please send me an acknowledgement letter for my donation to the PVCICS Family Association

SIGNATURE: _____ DATE: _____

APPROVED BY (FA OFFICER): _____ DATE: _____