

2024-25 PVSA Home/School Reimbursement Form

Requestor's Name:	
Requestor's Email:	
Date of Request:	
Payee:	
Payee's Mailing Address & Phone No:	
Event/Budget to be charged: (If HR Parent, please list teacher's name for your class)	
Total Amount of Check:	

Please attach ALL ORIGINAL RECEIPTS...no photocopies or scanned receipts.

HR Parents: Max \$80 per homeroom for class parties/Teachers: Max \$115 for classroom supplies

Authorized Signature: _____

Note: All PV Home & School event purchases greater than \$75 need to be approved by the Event Chairperson or a PVSA Board Member.

Please send to - Ayesha Mazhar, PVSA Treasurer
 c/o Rihaab Ahmed (Mrs. Lipow – 4th Grade)

=====

PVSA Home & School Treasurer's Use Only

Treasurer Authorization: _____

Date Paid: _____

Check Number: _____