

**MILL SPRINGS ACADEMY  
PARENT VOLUNTEER ASSOCIATION  
2010-11**

**REIMBURSEMENT REQUEST**

**ALL REIMBURSEMENTS MUST BE PRE-APPROVED BY THE PVA PRESIDENT IN  
ORDER FOR REIMBURSEMENT TO TAKE PLACE**

**YOUR NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**COMMITTEE:** \_\_\_\_\_

**AMOUNT TO BE REIMBURSED:** \_\_\_\_\_

**PURPOSE FOR FUNDS:** \_\_\_\_\_

\_\_\_\_\_

**IS THIS A BUDGETED ITEM?** \_\_\_\_\_

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**APPROVALS**

**PVA PRESIDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PVA TREASURER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_