NVPTO Expense Reimbursement

Name: | Today's Date: | Date Needed:

Itemized Expenses

Date	Description	Category	Cost

TOTAL REIMBURSEMENT $ -

Don't forget to attach receipts!

Requestor Signature	**Date**

Principal Approval (for NV Staff Reimbursements)	**Date**	**Amount Approved**

NVPTO Approval	**Budget Category**	**Date Paid**	**Check Number**

Direct questions to the NVPTO Treasurer at treasurer@nvpto.com