



PVA Central Florida Reimbursement / Check Request

Instructions:

- (1) Fill Out "To" and "Date"
- (2) Fill Out "Purpose of Check". Purpose can be an event reimbursement, equipment reimbursement, mileage reimbursement or any other request for check from PVACF.
- (3) Fill Out distribution of expenses. If you are requesting \$100 for mileage for sports event and \$50 for mileage reimbursement of a BOD meeting, put them in the proper lines. If you have any questions, please contact PVACF Front Office.
- (4) If you are requesting a check for "Sports Expenses", an initial of Sports Director is required before sending it to Executive Director.
- (5) Fill Out "Total Amount Requested".
- (6) Send form to PVACF Front Office for approval.

To: _____

DATE: _____

(To Whom will the check be made out to?)

PURPOSE OF CHECK: _____

501 – COMPENSATION	\$ _____
502 - PROFESSIONAL & CONSULTING.	\$ _____
503 - OCCUPANCY	\$ _____
504 – DUES & MEMBERSHIP	\$ _____
505 – POSTAGE	\$ _____
506 – PRINTING	\$ _____
507 – SUPPLIES	\$ _____
508 – TELEPHONE.....	\$ _____
509 - TRAVEL	\$ _____
510 – RESEARCH & EDUCATION	\$ _____
511 – BENEFITS & FUNCTIONS	\$ _____
512 – FUNDRAISING	\$ _____
513 – GRANTS & AWARDS.....	\$ _____
514 – CONFERENCES & MEETINGS.....	\$ _____
515 – FURNITURE & EQUIPMENT.....	\$ _____
516 – SPORTS FUNCTIONS.....	\$ _____
517 – PUBLICATIONS	\$ _____
518 – OTHER EXPENSES	\$ _____
519 – VA HOSPITALS	\$ _____
520 – MARKETING	\$ _____
522 – COMMUNITY SERVICE	\$ _____

BREAKDOWN

*	_____
*	_____
*	_____
*	_____
*	_____
*	_____
*	_____

_____ (This Space for Office Use Only)

TOTAL AMOUNT REQUESTED

\$ _____

REQUESTED BY _____

DATE _____

APPROVED BY _____

DATE _____

ISSUED BY _____

DATE _____

PRESIDENT'S REVIEW _____

DATE _____