

LIVERMORE VALLEY JOINT UNIFIED  
SCHOOL DISTRICT  
ASSOCIATED STUDENT BODY

# REQUEST FOR REIMBURSEMENT

(PLEASE PRINT)

PO# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPT ATTACHED? YES

NO \_\_\_\_\_ PLEASE EXPLAIN

**MAKE CHECK PAYABLE TO:**

NAME

ADDRESS

\_\_\_\_\_  
EMPLOYEE ID #

SIGNATURE

COMMENTS: