Valley Oaks Elementary School

Building Blocks
Voucher Reimbursement Form

Date: _____

Name: _____

Grade Level / Area (Block, Specialist, etc.):_____

Description	Amount
TOTAL REQUESTED	**$**

Please attach your original receipts to this request and place in the "Building Blocks" Account File on the PTA Shelf in the teacher workroom.

If you have questions, please contact the committee chairperson: **Alison Peterman**
arpeterman@gmail.com

Teacher Signature: _____

GLC Signature: _____

BB Chairperson Signature: _____

Please make check payable to: _____

Address: _____

_____

Thanks for all you do!