**CENTRAL MONTESSORI PTSA**

|  |
| --- |
| **Office Use Only** |
| Category |  |
| Check # |  |
| Issued |  |
| Amount |  |

|  |
| --- |
| **Select a Payment Option:** |
|  |  | Pay the Vendor - Direct ExpensePay the Requestor - Reimbursement |
|  |

**EXPENSE PAYOUT / REIMBURSEMENT FORM**

|  |  |
| --- | --- |
| **Vendor Name** |  |
| **Vendor Address** |  |
| **Vendor Phone** |  |

|  |  |
| --- | --- |
| **Requestor Name** |  |
| **Requestor Address** |  |
| **Requestor Phone** |  |

 **Expense Detail**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Purpose** | **Vendor** | **Date of****Purchase** | **Cost** |
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**Total for above expenses 0.00**

**Please submit the completed form, with copy of invoice and check, to the Central Montessori PTSA Treasurer**

**Signature Date**

 **Signature of Treasurer upon receipt of completed form with receipts**

 **Signature of President or Vice President upon review of completed form**