**Leonardo da Vinci School PTO**

**Direct Payment Form**

Please complete this form when requesting payment provided to vendor or individual. Attach all invoices and related paperwork (i.e. contract) and return to the Treasurer. **No payments will be made to vendors without an invoice.**

Prior verbal or written communication to the PTO board regarding the reimbursement of an expense is necessary before formally submitting a direct payment form.

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Expenditure:

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| --- |
|  |

Requestor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For treasurers use only:*

*Date Received by Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*