Excelsior PTO Inc
Direct Pay Form

Date: _____

Please pay to: _____

Address: _____

_____

Event(s) purchased items for_____
Please include copies of all receipts that you are requesting reimbursement for

DESCRIPTION OF PAYMENT	AMOUNT
Total amount to be paid	$

Special Instructions: _____

Requested by: _____

To be filled out by Excelsior PTO Executive Board

Approved by _____ Date_____

Budget Code _____