

CLARK MONTESSORI SCHOOL FOUNDATION

VOUCHER FORM

Sales tax will not be reimbursed

Tax exempt number: 31-1590999

Request for disbursement of funds: \$ _____

Committee/Foundation account name: _____

Pay To: _____

Address: _____

Invoice # _____

Purpose: _____

Check should be: _____ Distributed at school.

_____ Mailed to the payee (payee's address should be completed)

Line/Account Authorization - Individual responsible for this account

Date

To Committee Coordinators and Staff: All receipts and/or invoices covered by this voucher must be attached before the Treasurer is authorized to make payment.

Place completed form in the Foundation mailbox in office. Incomplete forms will be returned unpaid. Forms are picked up from the Foundation mailbox on Friday.

To ensure accuracy, keep a copy of all receipts and vouchers for your records.

Treasurer Record

Date Funds Allocated by Foundation _____

Approved Source Account _____

Foundation Approval

Date

Check #

Date