



**Sands Montessori Parent Organization
Direct Classroom Support
Request For Disbursement**

School Year: 2016-17

Date: _____

Teacher Receiving Funds: _____

Team Point Person: _____

Team: _____

Amount: _____

Describe Use of Funds*:

* The description of use of funds should be specific and will hopefully demonstrate that the spending is consistent with the mission and philosophy of SMPO.

Signature of Point Person or Teacher Receiving Funds

Date: _____

Treasurer's Use Only:

Date Paid: _____ Check Amt: _____ Check#: _____ Entered in QB: _____