

Instructions
Form FMS-PY1 Direct Payment/Invoice Form
(For Teacher Reimbursement of PRAXIS exam cost)

Form FMS-PY1 for use by teachers for PRAXIS reimbursement has been partially completed for you. Download at the [Teacher Reimbursement](#) link on the Teacher Quality site, under Quick Links/Forms.

Form Section	Completed By	How to Complete
CHARGE TO	School Office	<ul style="list-style-type: none"> • If your CAS will be sending funds to school for payment, enter school's information • If your CAS has decided to make payments from the CA office, leave this blank
INVOICE	Teacher	<ul style="list-style-type: none"> • Invoice No.: REIMBURSE • Invoice Date: Date this form is completed • (Vendor's) Acct. No.: PRAXIS • Receive Date: Date this form is completed • Approval No.: Leave blank
PAY TO	<ul style="list-style-type: none"> • School Office • Teacher 	<ul style="list-style-type: none"> • Teacher's FMS Vendor Number (school may need to process form FMS-T1 to establish number) • Vendor Name, Address, City, State, Zip: Your information as shown on Form 5
LINE	Teacher	QTY: 1 U/M: EA (each) COMMODITY ID: 7216 DESCRIPTION: Core Area and Passing Grade Yes/No UNIT COST: Amount paid for exam [Repeat if more than 1 exam is requested for reimbursement] Tax: Leave blank Freight/Other: Leave blank
ACCOUNTING INFORMATION	School Office	ORG ID.: same instructions as Charge To section PROG ID.: 20696 BFY: Current fiscal year D/O: District Office Object: 7216 Dtl, Grant, FY Project: Leave blank AMOUNT: Total payment(s) for this teacher