

Cockeysville Middle School PTA Disbursement/Reimbursement Request 2022-2023

Directions: Staple ORIGINAL RECEIPTS or INVOICE to this form. Complete the form and place in PTA Treasurer's mailbox. If you have questions, please email treasurer@cockeysvillemiddlepta.org

Date:	
Pay to (name of payee or vendor):	
Total amount:	
Charge to PTA budget account(s):	
Signature of person submitting request:	
Email address:	
Disbursement/reimbursement to be sent to:	<input type="checkbox"/> CMS mailbox <input type="checkbox"/> Mailed to address on invoice <input type="checkbox"/> Mailed to other address:

Reason for purchase: _____

Vendor	Date	Amount	Description

Please do not write below this line (for PTA Treasurer use only)

Total Amount Paid:	\$	Check #:
Budget Account Name:		Amount: \$
Budget Account Name:		Amount: \$

PTA Treasurer's Signature: _____ Date: _____