



CATONSVILLE MIDDLE

Where Good Leaders Become Great Leaders

CMS PTSA Check Request/Reimbursement

Reimbursement Check Request Debit Purchase

Event: _____

Event Date: _____

Event Chairperson: _____

Total: \$ _____

Check payable to: _____

List of Attached Receipts:

Item Amount:

\$ _____
\$ _____
\$ _____

Please send check to:

I Will Pick Up Check

Name: _____

Name: _____

Address: _____

Phone: _____

Phone: _____

Signature of Event Chairperson: _____

Signature of CMS PTSA Board Member: _____

All receipts must be attached for reimbursement. Both the Event Chair's AND a Board Member's Signature are required. Receipts must be submitted within 30 days of the event for reimbursement.

Please send completed forms and receipts to:

CMS PTSA
2301 Edmondson Avenue
Catonsville, MD 21228
Attn: Treasurer

For Treasurer Use Only:

Date Receipts Rec'd: _____ Check No.: _____ Amount: \$ _____

For Debit: Vendor: _____ Date of Purchase: _____ Amount: \$ _____

Treasurer Signature: _____