

**Clarksville Middle School PTA
Disbursement Request
2022/2023 School Year**



Amount Requested: \$ _____ **Date Requested:** ____ / ____ / ____
(please attach invoice to be paid or original receipts to be reimbursed)

Pay to the Order of: _____

Address (to mail if needed): _____

Charge to the Account of:

PTA Committee: _____

OR

Position/Grade/FT/PT: _____

(for teacher/staff reimbursement only)

Description/Purpose: _____

Itemized Expenses:

Description	Amount

TOTAL \$ _____

Requested by: (*print name*) _____ **Phone Number:** _____

Signature: _____ **E-mail:** _____

Questions?? Contact Laura Just at cmsptatreasurer@gmail.com

PTA Use Only:

Paid by Check Number: _____ **Date:** _____ **By:** _____

Issuing Officer's Signature: _____ **Title:** _____