



## Cave Spring Middle School PTA Reimbursement Request Form

Date: \_\_\_\_\_

Committee: \_\_\_\_\_

Amount: \_\_\_\_\_

Description  
of expense: \_\_\_\_\_  
\_\_\_\_\_

Check Payable To: \_\_\_\_\_

Mail To: \_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return reimbursement request form to:

**Daphne Petzen**  
**CSMS PTA Treasurer**  
**6043 Chagall Drive**  
**Roanoke, VA 24018**  
**Phone: 520-9136**  
**Email: petzenva@cox.net**

Please attach all receipts for purchases and services included on this request.  
Please submit a separate request for more than one committee. Thank you.

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### FOR TREASURER'S USE ONLY

**Amount Requested:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Budget Category:** \_\_\_\_\_

**Check mailed/delivered:** \_\_\_\_\_