

Resurrection St. Paul H S A

Disbursement Request

Date: _____

To the Treasure: _____

Pay to the Order of: _____

Amount: _____ dollars and _____ Cents \$ _____

Purpose: _____

Itemize Expenses Below: _____

Total No. of receipts attached: _____

Please staple ORIGINAL receipts to this form prior to forwarding to the treasurer.

Requested By: _____
(Signature)

Instructions for Checks:

_____ Send home through class room mail

_____ Class room number

_____ Childs name

_____ Mail to the following Address: _____

_____ Other: _____

Paid by check no. _____	Date: _____
Treasurer: _____	(Signature)