PTSA Hardship Voucher

Please complete this form and deliver it to Dahlia Watts, District Treasurer at Central Office for disbursements from Building PTSA Hardship Fund

1. Date of Request: _____ _____

2. Your Name: _____ Phone Number: ___

3. Which Building: _BHS TCMS FRES CRPS

4. Student's Name: _____ _____
(for internal use only – not to be shared with any other individual

5. Description of Request/Reason — Amount

_____ $_____

_____ $_____

_____ $_____

(If registration is for a Brighton Rec Campership, list Specific camp name and program number)

Total $_____

Make Check Payable to _____

_____ Will Pick Up _____ Mail to the Following Address:

_____

_____

_____ _____
Signature of Person Requesting Payment or Reimbursement — Date

_____ _____
Signature of Building Principal — Date

Please Return This Voucher To:

Dahlia Watts
BCSD Director of Finance
2035 Monroe Ave
Rochester, NY 14618
585.242.5200 X5512
dahlia watts@bcsd.org

Note – Please attach any invoices, receipts or registration forms that will support your request.