



PTSA Student & Family Support Fund Voucher

Please complete this form and deliver it to Dahlia Watts, District Treasurer at Central Office for disbursements from Building PTSA Student & Family Support 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 | <u>Amount</u> |
|---|----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| (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 Treasurer
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.