



SANTA TERESA HOME & SCHOOL ASSOCIATION PAYMENT REQUEST FORM

Please fill out form completely, attach all receipts/supporting documentation and leave in the "Treasurer" hanging file in the front office. Please allow up to two weeks for all requests to be processed. If you have any issues or questions please contact the STHSA Treasurer via email at: sthsa.treasurer@gmail.com

DATE _____ AMOUNT OF REQUEST _____

YOUR NAME _____ EVENT/FUNDRAISER _____

- Payment Purpose: reimbursement, school event, field trip, other, payment to vendor (if vendor accepts payment via credit/debit card without charging add'l fees; STHSA can call vendor & make pymt over the phone, please provide Contact name & phone number below)

PAYEE _____ CONTACT NAME _____ PHONE NUMBER _____

ADDRESS _____

- Payment Method: Check, To be Paid via STHSA credit/debit card
Check Distribution: Leave in front office, Return to Teacher, Mail to vendor

If expense is to be divided among multiple classes please detail the teachers and split amounts below:

Blank lines for detailing teachers and split amounts.

For STHSA Use: Payment Date _____ Payment Method _____ Initials _____



SANTA TERESA HOME & SCHOOL ASSOCIATION PAYMENT REQUEST FORM

Please fill out form completely, attach all receipts/supporting documentation and leave in the "Treasurer" hanging file in the front office. Please allow up to two weeks for all requests to be processed. If you have any issues or questions please contact the STHSA Treasurer via email at: sthsa.treasurer@gmail.com

DATE _____ AMOUNT OF REQUEST _____

YOUR NAME _____ EVENT/FUNDRAISER _____

- Payment Purpose: reimbursement, school event, field trip, other, payment to vendor (if vendor accepts payment via credit/debit card without charging add'l fees; STHSA can call vendor & make pymt over the phone, please provide Contact name & phone number below)

PAYEE _____ CONTACT NAME _____ PHONE NUMBER _____

ADDRESS _____

- Payment Method: Check, To be Paid via STHSA credit/debit card
Check Distribution: Leave in front office, Return to Teacher, Mail to vendor

If expense is to be divided among multiple classes please detail the teachers and split amounts below:

Blank lines for detailing teachers and split amounts.

For STHSA Use: Payment Date _____ Payment Method _____ Initials _____