

For STHSA Use:

Payment Date

## 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: <a href="mailto:sthsa.treasurer@gmail.com">sthsa.treasurer@gmail.com</a>

DATE		AMOUNT OF REQUEST	
YOUR NAME		EVENT/FUNDRAISER	
Payment Purpose		<ul> <li>field trip</li> <li>payment to vendor</li> <li>(if vendor accepts payment via credit/debit card charging add'l fees; STHSA can call vendor &amp; make pymt over the phone please provide Contact name &amp; phone number below)</li> </ul>	
PAYEE			
ADDRESS		PHONE NUMBER	
Payment Method	□ Check	☐ To be Paid via STHSA credit/debit card	
Check Distribution	☐ Leave in front office	e 🗆 Return to Teacher 🗆 Mail to vendor	
If expense is to be divided a	mong multiple classes pl	lease detail the teachers and split amounts below:	
		Payment Method Initials	
Payment Date	NTA TERESA HOME & SCH		
Please fill out form complete Please allow up to two week email at: sthsa.treasu	NTA TERESA HOME & SCH ely, attach all receipts/sup as for all requests to be pro	HOOL ASSOCIATION PAYMENT REQUEST FORM  Opporting documentation and leave in the "Treasurer" hanging file in the front office.  Processed. If you have any issues or questions please contact the STHSA Treasurer vis	
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Payment Method Initials