

**H.S.A.**  
**Request for Payment**

J.E. Cosgriff Memorial Catholic School  
**Home and School Association**  
2335 Redondo Ave.  
Salt Lake City, UT 84108

DATE: \_\_\_\_\_

REQUESTED BY:

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

\_\_\_\_\_

TOTAL AMOUNT REQUESTED (please attach receipts/invoice): \_\_\_\_\_

(Staple/tape receipts to 8 ½ X 11 paper)

EXPLANATION (brief explanation of use of funds):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED BY: \_\_\_\_\_

*\*Please return to Cathy Romero, H.S.A Treasurer\**  
*Call 801-870-6820 or e-mail [Cathy.Romero@Jacobs.com](mailto:Cathy.Romero@Jacobs.com) with questions*

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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Account (H.S.A. Dues or H.S.A. Fundraising): \_\_\_\_\_