

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; specify the H.S.A. sponsored event):

SIGNED BY: _____

Please return to the H.S.A. Box in the Cosgriff school office
Expenses need to be submitted within 2 weeks of the event.

Approved by: _____

Date: _____

Check Number: _____

Account (H.S.A. Dues or H.S.A. Fundraising): _____