

Please complete this form and deliver it to Dahlia Watts, District Treasurer at Central Office for disbursements from Building PTSA Hardship Fund

1.	Date of Request:	_		
2.	Your Name:	Phone Number:		
3.	Which Building: BHS	TCMSFRES	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)	Tota	ıl \$	
Make	Check Payable to			
	Will Pick Up	Mail to the Fo	Mail to the Following Address:	
 Signat	ure of Person Requesting Payment or Reimbi	ırsement	Date	
Signature of Building Principal			Date	
Please R	eturn This Voucher To: Dahlia Watts, B	CSD Treasurer		

2035 Monroe Ave Rochester, NY 14618 585,242,5200 X508

Rochester, NY 14618 585.242.5200 X5085 dahlia watts@bcsd.org

Note – Please attach any invoices, receipts or registration forms that will support your request.