



Demarest Home & School Association

465 Broughton Avenue ❖ Bloomfield, NJ 07003
www.demaresthsa.org

PAYMENT REQUEST FORM

Use when payment is to be made outright. i.e. No personal funds need to be reimbursed.

(Please Print Clearly)

Chairperson's Name: _____

Down Payment Request \$ _____ **or Full Payment Request** _____

Due Date: _____

Kindly give at least 1 week notice for payment request. Speak with treasurer directly for rush requests.

Select One Line Item:

Committee Expense: _____
(Please write the committee name)

Budget Item Expense: _____
(List Budget Line Item from Approved Budget which will be found in the green HSA envelope in the HSA mailbox)

***Please attach price quote or invoice and place in Home & School mailbox in the office.
No check will be printed without an invoice or legitimate price quote.
Mark it "Attn: Treasurer"***

Please send check directly to company. *Be sure to indicate or highlight the correct mailing address on the invoice.*

Please leave check in HSA mailbox for my attention.

Please give check to teacher for class trip. Teacher's name: _____

Please leave check with Principal or Secretary.

Signature: _____ **Date:** _____