

Cold Spring Harbor Parent Teacher Group (CSH PTG)

Cold Spring Harbor Jr/Sr High School
82 Turkey Lane
Cold Spring Harbor, NY 11724

Funds Request Form - Individual

Request Date _____

Name (parent group, individual, etc.) _____

Contact Person (name, email, cell, etc) _____

Academic year _____

Funds requested \$ _____

Purpose of request _____

Payee Name _____

Payee Address _____

Signature of contact person _____

Receipts must be attached for reimbursement.

Please return to **CHS PTG Treasurer** via CHS PTG mailbox in Main Office