

CLASS OF 2019 SENIOR PARENTS EXPENSE PAYMENT REQUEST FORM

Requesting Person's Name: _____

Requesting Person's Phone Number _____

Make Check Payable to: _____

Send Check to Following address: _____

Committee: (Check one)

_____ Apparel	_____ Senior DVD	_____ Senior Gifts
_____ Senior Parent Picnic	_____ Baby Pictures	_____ Baccalaureate
_____ After Prom	_____ Senior Skit	_____ Other

Expense Description (Attach receipts):

Cost:

_____	_____
_____	_____
_____	_____
_____	_____

Total Expense Amount: _____

Chairperson's Signature: _____

Please submit request to: Beth Gergye /Bay High School, 29230 Wolf Rd , Bay Village, OH 44140

Treasurer use only:

Check # _____ Amount: \$ _____