

CANTERBURY HIGH SCHOOL MUSIC PARENTS SUPPORT GROUP
Financial Claim Form

INSTRUCTIONS: Complete and submit this form and supporting receipt(s) one of the following ways: (1) directly to Treasurer via Mr Sinkus, (2) place in the CHSMPSG mailbox in the school office or (3) by email to the *cents4notes@gmail.com* . Please ensure you have included all required information and receipts.

Section A: Personal Information

Your Name: _____ Your Address: _____

Your Email: _____

- I would like: funds from my student's account *(complete Section B)*
 reimbursement for invoice payment *(complete Section C)*
 reimbursement for expenses incurred for CHSMPSG business *(complete Section C)*

I would like to receive payment by: cheque e-transfer *(ensure you have included email for e-transfer above)*

Your Signature: _____ Date Submitted: _____

Section B: For funds from your student's account, fill out this section.

- I would like to withdraw: \$ I would like all of the money in the account.

*Note: The final date for requesting funds or requesting a transfer of funds to a younger sibling's account who is also in the music program is **June 30th** of the student's graduating year.*

Name of Student: _____

Department Head Name: _____

Department Head Signature: _____

Section C: For reimbursement or invoice payment, fill out this section.

Description of Expense(s) - Please Attach Receipt(s)	Amount(s)	Receipt Included
1		
2		
3		
4		
5		
6		

Chair Name: _____ **TOTAL** \$

Chair Signature: _____

Section D: For Treasurer Use Only

Verified by Treasurer Date Verified: _____

Treasurer Name: _____

Treasurer Signature: _____

Cheque # _____ Email transfer confirmation # _____