



SCRIP Program Disbursement Request

Fill out the following SCRIP Disbursement information:

- Date of Request: _____
- Requestor's Name: _____
- Amount of Request: _____

Select method of delivery:

- I will pick up the SCRIP requested from the PTA mail slot in the Parish Center
- Send the SCRIP requested home in the backpack of my oldest child. I agree to take responsibility for any lost.

Obtain the Event Chair Person's approval signature for your SCRIP request (If Applicable):

- o What event was this SCRIP Request for? _____
- o Name of the Chair Person of this event: _____
- o Justification for the identified expenses: _____

Chair Person's approval (Signature) _____ Date _____

Submit this form with a completed SCIP Form to:

DSCS PTA President: Mary Hamm

Email: rmhammfamily@hotmail.com

or

DSCS PTA Treasurer: Susan Urbaniak

Email: smurbaniak@gmail.com

DSCS President Signature: _____ Date: _____

DSCS Treasurer Signature: _____ Date: _____