



**Resurrection-St. Paul School
Home and School Association
Income/Expense Reimbursement Form**

DATE: _____

EVENT/COMMITTEE: _____

COMMITTEE CHAIRPERSON: _____

EVENT/COMMITTEE INCOME:

DEPOSIT AMOUNT: \$ _____

CASH: \$ _____ CHECKS: \$ _____ # of CHECKS: _____
(Cash and Checks should equal Deposit Amount)

EVENT/COMMITTEE EXPENSE: *RECEIPTS/INVOICES MUST ACCOMPANY REIMBURSMENT REQUEST*****

REIMBURSEMENT AMOUNT(S): (1) \$ _____, (2) \$ _____, (3) \$ _____

DESCRIPTION: _____

PAYABLE TO:

<u>Name:</u>	<u>Address/Phone:</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____

EVENT/COMMITTEE CHAIRPERSON SIGNATURE (Required for Reimbursement):

Via kid Mail To: School Office, Attn: Karen Welsko – HSA Treasurer 2010-2011

Questions: Please contact Karen Welsko, kwelsko@comcast.net or 410-521-2350

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HSA Treasurer Use Only

Date Received: _____

Deposit Date: _____

Check #'s: (1) _____, (2) _____, (3) _____