



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

Please forward reimbursement requests to: School Office, Attention: Katia Klein - HSA Treasurer

DATE: \_\_\_\_\_

EVENT/COMMITTEE: \_\_\_\_\_

COMMITTEE CHAIRPERSON: \_\_\_\_\_

**EVENT/COMMITTEE EXPENSE: \*\*RECEIPTS/INVOICES MUST ACCOMPANY REIMBURSEMENT REQUEST**

RECEIPT AMOUNT(S): (1) \$ \_\_\_\_\_, (2) \$ \_\_\_\_\_, (3) \$ \_\_\_\_\_, (4) \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

PAYABLE TO:

Name:

Address/Phone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OR

*Please send home via kid mail with* \_\_\_\_\_ *Grade* \_\_\_\_\_

**EVENT/COMMITTEE CHAIRPERSON SIGNATURE (Required for Reimbursement):**

\_\_\_\_\_

\_\_\_\_\_

For Treasurer Use only

Date Received \_\_\_\_\_

Date Paid \_\_\_\_\_

Check# \_\_\_\_\_

Event ( ) Mother's Tea ( ) Breakfast with Santa ( ) Trees and Greens ( ) Room Parent Expense

( ) St. Nicholas Day ( ) Other: \_\_\_\_\_