



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

Please forward Reimbursement Requests To: School Office, Attn: Katie Huber – HSA Treasurer 2019-2020

Questions: Please contact Katie Huber –HSA Treasurer at katiehuber16@gmail.com

DATE: _____

EVENT/COMMITTEE: _____

COMMITTEE CHAIRPERSON: _____

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

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

DESCRIPTION: _____

PAYABLE TO:

Name: _____ Address/Phone: _____

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: () Christmas Tea () Breakfast with Santa () Trees and Greens () St. Nicholas Gift

() Room Parent Expense () Family Fun Night () Other