



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

Please forward reimbursement requests to: School Office, Attention: Vanessa Johnson - 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: _____