

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

Please forward reimbursement requests to: School Office, Attention: Jaime Wisniewski - 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:** Address/Phone: Name: 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** Faculty/Staff appreciation Breakfast with Santa/Trees and Greens Room Parent Expense/St. Nicholas Day Community event -- Socials, Christmas Coffee, Movie night Other: