



Reimbursement Form

Please fill out the form below completely to request reimbursement for funds. All receipts should be attached to the form and emailed to ACS-HSA@annunciationschool.net.

Date _____

Submitted By _____

Total Amount _____

Phone _____

Email _____

Send Check to (name) _____

Address *(Please include address if check needs to be mailed)* _____

City/State/Zip _____

Budget Area/s to be Charged *(Please include a brief description of items.*

Please separate items by Area. For example - \$250 towards purchase of food for Movie Night and \$100 for purchase of supplies for Bingo Night)

Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Signature of Requestor: _____

Treasurer Use Only

Check Number	_____	Amount	_____	Date	_____
Budget Category	_____				
In Budget?	If not in budget approval from HSA President or Vice-President: _____				
Signature of Treasurer	_____				