

Blessed Sacrament School HSA Expense Reimbursement Form

(To receive reimbursement, complete this form in its entirety, attach all receipts, sign, and leave in school office)

NAME: _____ DATE: _____

PHONE: _____ EMAIL: _____

EVENT / PROJECT: _____

Receipt Date	Description	Amount
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		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
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		\$.
		\$.

Signature <small>(Person Making Request)</small>	Approved By <small>(HSA Treasurer)</small>	Date <small>(Approved)</small>	Check #
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NOTES (use to explain abnormal requests / situations)
