

ST. MARTIN OF TOURS HSA
DISBURSEMENT OF FUNDS REQUEST

Date: _____

Funds to be paid to: _____ Amount: _____

Charge to committee/event:

- | | | |
|--|--|---|
| <input type="checkbox"/> Amazing Afternoons | <input type="checkbox"/> Back to School Picnic | <input type="checkbox"/> Breakfast with Santa |
| <input type="checkbox"/> Communion Rect. | <input type="checkbox"/> CYO(sports) | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Fundraisers(Other) | <input type="checkbox"/> 8 th Gr. Recp. | <input type="checkbox"/> Grandparents Day |
| <input type="checkbox"/> International Night | <input type="checkbox"/> May Crowning | <input type="checkbox"/> Open House |
| <input type="checkbox"/> Principal Coffee | <input type="checkbox"/> Spirit Gear | |

Class Activity Fee – _____ (name class).

Other – _____.

REQUIRED HSA Treasurer signature: _____

* Preapproval by Principal *is required* for expenditures of \$250 or more *

Principal signature: _____

Purpose of funds: _____

Be sure to attach receipts for items already purchased; otherwise, attach invoice, price quote, or other supporting documentation.

Total: _____

DELIVER THE CHECK TO: _____

D by US mail: _____ or
(address)

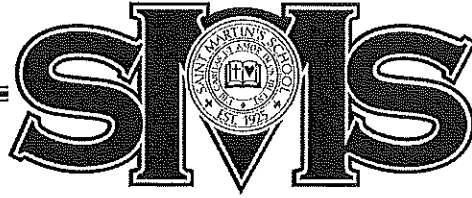
D by backpack mail: _____
(Preferred) (youngest child's name and class number)

*** Please note ***

- Requests for reimbursement should be made within 30 days past receipt dates.
- **Reimbursement to individuals may NOT exceed \$250 for out-of-pocket expenses.** Checks for greater amounts **MUST** be written directly to vendors.
- The expense for a single item may not be divided into multiple reimbursements of smaller amounts for the purpose of sidestepping the \$250 individual reimbursement limit.
- **Requests without required signatures and documentation will be returned.**
- Please submit all requests to HSA@smsmd.org or send in through Kiddie Mail, Attn: Raymond Reyes, HSA Treasurer

OFFICE USE ONLY

Paid by HSA check # _____ / cash _____ Date _____



EXPENSE REIMBURSEMENT REQUEST FORM

Please make sure to get all expenses pre-approved prior to submitting this form.
Please submit this form to the office by the last business day of the month.

Name _____

DATE	PURPOSE	IN BUDGET?	AMOUNT + TAX	TOTAL TO BE REIMBURSED

Signature _____ Date _____

Principal's or Parish Priest's signature _____ Date _____

09/07