

# HSA Check Request Form 2019-20

Please allow 2 weeks for all requests.  
This form may be printed OR emailed.

Gladwyne Elementary School  
Home & School Association

**To:** Brooke Cordes, Treasurer  
230 Righters Mill Road  
Gladwyne, PA 19035

brookecordes@gmail.com  
(610) 649-4125

**Name**

**HSA Position**

**Phone #**

**Mailing Address**

**Date**

**Total Due**

**HSA Event and Committee\***

**List Items for Reimbursement  
(Attach all receipts).**

\*HSA Committee Co-Chair or Board Member must approve request.

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For Treasurer Use Only:

**Date Paid**

**Check #**